MARGIN RESERVED			MARGIN RESERV	
MARGIN		(	MARG	
9-45-15M	5	1	7	DI II A CHI WITH THE A PARTY OF THE A PARTY OF THE A
VS A15		1		Dr TT

1. PLACE OF DEATH: anne been del	2. USUAL RESIDENCE OF DECEASED:
(a) Danimore City, Maryland	1. ()
b) Street address 3. 6" was Brooklys	(a) State
(c) Hospital or institution:	(c) City or town Brooklym Cark Bello on
	(If outside city or town limits, write RURAL and give to
	(d) Street No. 3 - 6 * GCe .  (If rural give location)
d) Length of stay in hospital or inst. (yrs., mos., or days)	(Yes or
e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
(a) FULL YAME, R. Bafford.	WHAT IS A "CAUSE OF DEATH"! CRES
3 (b) If veteran, name war 3 (c) Social Security.	Account MEDICAL CERTIFICATION
: 2 OFFICE (*) No. (**) *()   10	20. DATE OF DEATH NOT 1987 at 6
5. Color or race 6 (a) Single, married, wide	owed, or 21. I certify that death occurred on the date above stated; that I atte
emele white marrie	ed deceased from Ex-14, 1947, to NOM 21 19
(b) Name of husband or wife Musell T. B.	and that I last saw h Malive on My 10 19 47.
6 (c) If alive, give age	years Impediate cause of death Albur Duration Duration
. Birth date of deceased (mo., day, yr.) 5 - 1- 18	67 Panal Blegia 13 da
AGE: Years   Months   Days   If less than one	day luthently tehelleth I year
80 20 hr.	min. Due to
Birthplace Calvert County m	J. Chatterelle C. V Lye
0. Usual Occupation (Town, county, and state)	Due to
I. Industry or business Asson home	Out C Pri
	Other Conditions.
12. Name All March	(Include pregnancy within 3 months of death)
13. Birthplace St. Objechsell 7	Date of operation.  Underlin  Major findings of operation:  cause to w
14. Maiden Name Carah m. Gumm	Major findings of operation: cause to we death shou
15. Birthplace Dy. Prichaele mis	of autopsy:tically,
16 (a) Informant John Mulph Dela	22, If death was due to external causes, fill in the following:
(b) Address 201 & Charles of	(a) Accident, suicide, or homicide.
7 (a) Buriet (b) Date thereof N-2	(b) Date of occurrence at
(Buriai, cremation, or removai) (month) (day	(c) Where did injury occur?
(c) Cemetery or grematory the homes	(City or town) (County) (Star (d) Did injury occur about home, on farm, industrial place, in pu
Location Vely Frieran Salbox B	place? While at work?
18 (a) Funeral director I Timen Top own	(Specify type of place)
(b) Address De Mohsell. Bud	(e) Means of injury
19 (a) 5/226 47 aux	23. Signature
(Date rec'd by registrar) Regi	strar Address Date signed 5/1

BALTIMORE CITY HEALTH DEPARTMENT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No ...

# 3 1947 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County ANNE HRUNDS	State MARYLAND County ANNY ARUNDER
City or town	State County T
How long in above place of death?	City or town RURAL - PT PLEA SAMT (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
POINT PLEASANT,	Street No
How long in hospital or institution?NO.T. 1585PITAC/260	2.(a) If veteran, name war.
3.(a) FULL NAME  JOHN CHARLES SOMMERS (L	BOKONICK-) 3.(b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED WIDOWER	20. DATE OF DEATH MAY 25 19 47 at 45 M
ELIZABETH SOMMERS	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(0) Nama of husband or wite	NOT ATTENDETED 10
7. Birth date of 2 / 6 / 7	and that I last saw h. M. alive on NOT SEEN 19.
7. Birth date of deceased (mo., day. yr.) APRIC 22, # 7.1869	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	ARUTE CARDIAL FAILURE
78 / 3min.	
9. Birthplace AUSTRIA	Oue to HYPERTENSION AND
(Town, county, and state)	ARTERIOSCUMENSIS
1D. Usual occupation	Due to VNKNIW N
11. Industry or business STATE ROAD Com M,	506 (0
# 12. Name JO JAN DUIX ON //X	Dither conditions
12. Name 20 14 N DUR 3N // 13. Birthplace 14 VS TRIA	
SA Maldan name UNKNOWN	(Include pregnancy within 8 months of death)
L. Miller Haller	Major findings of operations
	Qate ot op
16, informant MRS. EMMA BRANNOCK	Autopsy results
Address POINT PLE ASANT.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 0 Man 100 117	22. VIOLENCE: tf death was due to external causes, till in the tollowing:
(Burial, cremation, or removal. Whitch?)  (Burial, cremation, or removal. Whitch?)  (Burial, cremation, or removal. Whitch?)	Accident, suicide, or homicide
Cemetery or crematory CEDAR HILL CEM.	Where did injury occur?
A.A.Co	tnjured at home, farm, Industry, public place (where?)
Location Ale Ale Oe)	Maens of injury Injured at work?
18. Funeral director & Sumand 6- Harle	weatte of fullity
Address 121 & West St	Trenny ? I man mo
The Un Carolina	23. SIGHATURE M. D. or other
(Date rec'd by registrar)  Registrar	Address Blew Brief Date signed 5-25-4

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

June rec'd by registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03590

#### CERTIFICATE OF DEATH

Reg. Dist. No. .... 2

1. PLACE OF D	DEATH:		2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED:
countyAnn Arundel.		State Maryland county Ann Arundel		
City or town	napolis	nits, write RURAL and give nearest town)		
Now long in above pla			City or town Rural ) Annapo	, write RURAL and give nearest town)
Hospital, institution,	or street address where d	eath occurred:	Street No. ShadySide	
		tal	(If rural, give	LOCATION)
			2.(a) If veteran, name war	•••••
3. (a) FULL NA	ME			3. (b) Social Security Number
All	ie Brisco			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
Male	Colored	Married	20. DATE OF DEATH THEY	30 19.47 21 6 H
	Mant	tha Briscoe	21. I CERTIFY that death occurred on the date abo	
			Mar 30 19	47, 10 may 30 1947
7. Birth date of			and that I last saw h alive on The	
deceased (mo., da			Immediate cause of death	OURATION
8. AGE: Ye	ears Months	Days if less than one day	Immediair cause of death Failu	re
65		hrs. min.		
9 Rirthnlace	Shady Side	eounty, and atate)	Due Chemoselera	us
	Tohomon			
1D. Usuai occupatio	Laborei	•	Due fo	
11. Industry or busin	ness			
当 12. Name	Wegie Br	isco	Other conditions	
13. Birthplace	Md.		(Include pregnancy within 3 r	
		711		
Maiden nar 15. Birthplace	III C	* 62	Major findings of operations	
	Martha Br:	800		
16. Informant		***************************************	Autopsy results	hich death should be charged statistically.
Address	Shady Sid		22. VIOLENCE: if death was due to external cau	of.
Buri	al tion, or removal, Which?)	Date thereof June 1,1947 (month) (day) (year)	Accident, suicide, or homicide	A.
(Burial, cremat	tion, or removal, Which?)			
Cemetery or crem		thews	Where did injury occur?	77 . *
Location	Shady Side	∍,Ma.	injured at home, farm, industry, public place (w	
18. Funeral directo	J.B.J.	hnson	Msans of Injury	Injured af work?
	Annapolis	Tree on the state of the state	4 60	1
Address		777	- Maz SIGNATION X Dur bull	1

JUN 5 1947

2411 N. Charles St., Baltimore

FRT	IFIC	ATE	OF	DEA	TH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Crownsville, Maruland	State Maryland Couety
City or town	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No. 929 Myrtle Ave.
Crownsville State Hospital, Crownsville, Md.	(If rural, give LOCATION)
How long in hospital or institution? 4 years, 11 days	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
olive Briscoe	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Negro Married	20. DATE DE DEATH. May 20 19. 47 at 7:45 A.M
6.(b) Name of husband of William Briscoe	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	May 9,1943 19 10 May 20 19 47
7. Birth date of	and that I last saw h.O.T. attre on May 20
deceased (mo., day, yr.) 24y68rs (1923)	Immediate cause of death DURATION Lung Tuberculosis since April 7,47
8. AGE: Years Months Days If less than one day	Lung Tuberculosis since April 7,47
24hrsmin.	
9. Birthplace Virginia (Town, county, and state)	Due to
1D. Usual occupation	Due to
	Other conditions Dementia Praecox, Paranoid
	(Include pregnancy within 3 months of death)
14. Malden name Salome Wright 15. Birthplace Virginia	Major findings of operations.  Known to us since
F Transfer	Major hudings at operations.  Date of op. May 9, 43
El 15. Birthplace VIPRINIE	
16. Intermant Hospital Records	Antopsy results
Address Crownsville State Hospital, Maryland	
W 04 2017	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17. BURIED Date thereof May 24, 1947 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt. Auburn	Where did Injury occur?
Location Baltimore, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director. Katie L. Williams	Means of tnjury tnjured at work?
Address 320 N. Schroeder	23. SIGNATURE Jasob Muyeuston (M.)
19. (Date regd by registrar)	M. D. or other/ M. D. or other/ Date signed 5-20-47
(Date red by registrat)	

ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly. SIN RESERVED FOR BINDING SE WRITE PLAINLY, WITH UNF is especially important.

VS A15

PLEA

## CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: Anne Arundel Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Maryland County Anne Arundel  City or towa Annanolis Md.		
How long in above place of death? 36 years	City or town		
Hospital, Institution, or street address where death occurred:	Street No. 104 Calvert St.		
104 Calvert St. Annapolis Md.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Helen Brown	None		
4. Sex 4 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female Col. Single	20. DATE OF DEATH OMOY 1947 1947 at 810 A.M.		
	24 I CERTIFY that dooth accurred on the date above stated: that I attended deceased from		
6.(b) Name of husband or wifeশুকুরা ক্রিক্টার ক্রেক্টার ক্রিক্টার ক্রিকটার ক্রেকটার ক্রিকটার ক্রেকটার ক্রেকটার ক্রিকটার ক্রিকটার ক	april 194 10 5-19 194 1		
7. Birth date ot	and that I last saw half alive on 5-17		
deceased (mo., day, yr.)			
8. AGE: Years Months Days It less than one day	Immedia Cause of death DURATION		
36 8hrsmin.			
9. BirthplaceAnnapolis Anne Arundel Co. Md.	Due to		
1D. Usual occupation Maid work			
	Due to		
11. tndustry or business None	Other conditions		
E ultraphysical street a train to			
≥ 13. Birthplace West River Md.	(Include pregnancy within 3 months of death)		
14. Maiden name Agnes Brooks	Major findiogs of operations		
15. Birthplace West River	Date of op.		
16. InformantMrsAgnesBrown	Antoney results		
g, e desde	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 104 Calvert St. Annapolis Md.	22. VIOLENCE: If death was due to external causes, till in the following:		
17. Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Hill Cemetery.	Where did injury occur?		
Location West St. Extd. Annapolis Md.	Injured at home, farm, Industry, public place (where?)		
050 50	Means of Injury Injured at work?		
18. Funeral directorMrsChasEHicks	CT INC A.D		
Address 45 Northwest St. Annapolis Md.	23. SIGNATURE		
19. May 22 19 47 Registrar	M. D. or other		
(Date rec'd by registrar) Registrar	Address 17 Cruble 1. Date signed 519-47		

RECEIVED MAY 24 1947 BUREAU V S 2411 N. Charles St., Baltimore

1228

03593

CERTIFICAT	E OF DEATH Reg. Dist. No. 27
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Mospital, Institution, or street address where death accurred:  Distribution, or street address where death accurred:  Distribution, or street address where death accurred:  Distribution, or street address where death accurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infaying give residence of mother)  Slate
3. (a) FULL NAME Prartha ann Brown	
F. Col B.(a) Single, married, widowed, or divorced from the state of t	MEDICAL CERTIFICATION  2D. DATE DF DEATH MEDICAL CERTIFICATION  18.47 at 9.5 m
8. (b) Name of husband or wifs	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from  18.4.7.  and that I last sew h
11. Industry or business  12. Name Jan Jan Javis  13. Birthplacs Unknown  14. Maiden name Martha Lavy  15. Birthplace Salverille Mat  16. Interment Math Brown	Diher conditions
Address  17. (Burial, cremation, or removal. Whiph?)  Cematery or cramatory.  Location  18. Funeral director.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Address Salurelle Saft.  18. May 13 18 47 Downsh Registrar	23. SIGNATURE M. D. or other  Address 5 3 Comphill 9 Date signed 13 2 457.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases of death clearly and legibly.

VS A15



orrect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N

Charles	St.,	Baltimore	qr
Charles	St.,	Baltimore	-

03594

		CERTII	FICAT	E OF DEATH Reg. Diat. No.
City or town	nsville, Manuside eity or town line of death? 16. do street address where de le State Hastitulion? 16. da	ryland  nits, write RURAL and give nearest  ays  ealh occurred:  nspital, Maryland	town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County. St. Mary's  City or town. Pearson (If outside city or town limits, write RURAL and give nearest town)  Streel No. (If rural, give LOCATION)  2.(a) If veleran, name war. 3. (b) Social Security Number
	Louis Char	man		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divor	ced	MEDICAL CERTIFICATION
Male	Negro	Married		20, DATE DE DEATH May 19 19 47 21 7:15 A
0		rles L.Chapman		21. I CERTIFY that death occurred on the date above stated: that I altended deceased from May 3 19.47 to May 19 19.47
7. Birth date of		6.(c) If alive, give age	years	and that I last saw h. im alive on May 19
deceased (mo., day, y				Immediate Cause of death Cerebral Arteriosclerosis DURATION
8. AGE: Years	Months	Days It less than one day		
about 68	?	?hrs	mln.	Known to us sin
9. Birihplace	known mo	county, and atate)		Due 10
	Laborer			Due lo
11. Industry or busines		292		Other conditions Senile Psychosis Known to us
E IZ. Walle	orge Chapus	0		Other conditions since May 3, 1947
Wat Talenta and Ta	Paylas	<i>.</i>		(Include pregnancy within 3 months of death)
14. Maiden name.  15. Birthplace	? '			Major fiediogs of operations
15. Birthplace	?			Date of op.
	pital Reco			Actopsy results
Address Crow	nsville Sta	ate Hospital, Md.		22. VIOLENCE: If death was due to external causes, fill in the following:
11 Bune		Date thereof (month) (day)	147	Accident, suicide, or homicide
(Burial, cremation	, or removal Whigh?)	14/	(year)	Abelgeni, suicide, of homelessin
Cemetery or crematory taly ace				Where did Injury occur? (City or town) (County) (State)
Location J	ead 1/	nells		Injured at home, farm, Industry, public place (where?)
/	PAR R	alienson		Means of Injury Injured at work?
18. Funeral director	mard	Joun M.	el.	23 SIGNATURE Tacal Mongauston M. V
5/3	1 1115	Camplies	-	M. D. or other
(Date rec'd by re	19.4/	· · · · · · · · · · · · · · · · · · ·	Registrar	Address Date signed

MAY 23 1947 BUREAU V 8

SA

Evidence	for	cha	inge	of
birthdate	wh	own	on:	

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03595

Flus no. G 11 C Jun 6 100 CERTIF	FICALE OF DEATH Reg. Dist. No. 2
City or lown (If outside city or town limits, write RURAL and give nearest to	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants circ residence of mother)  Slate
How long in above place of death?	(If outside of or town inits write UR) L and give frest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If yeleran, name war
3.(a) FULL NAME Lucy C. B.	Claude 3. (b) Social Security Number
Temple S. Color or race (6.(a) Single married, widowed, or divorce temple	MEDICAL CERTIFICATION  20. DATE OF DEATH Way 2 7 19.47 17
6.(b) Name of husband or wife	21. I CERTIFY that death occurred to the date above stated; that I attended deceased from  19. 10. 10. 19. 2. 7. 19. 2. 1
deceased (mo., day, yr.)  8. AGE: Years Pronths Days If less than one day	Immediate cause of death  Cerebral Security  min.
9. Birthplace(Town, county, and state) 10. Usual occupation	de Oue to Dippetin
11. Industry or business  12. Name Cland	Diper conditions Carles Schares Luke
14. Maiden name. Such a facility of the state of the stat	(Include pregnancy within 8 months of death)  Major fiedings of operations.
18. Informant W. Halem Klande	Autopsy resolts
	22. VIOLENCE: If death was due to external causes, fill in the following:  (year) Date of
Cometery or cromory St ames  Location Christian Speling Special	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
18. Funeral director  Address	Meens of Injury Injured at work?  Source Board
19. May 29 19 47	23. SIGNATURE  M. D. or other  Registrar  Address Cumpli 265  Oate signed 5-28.4



WITH UNFADING INK. Supply every item of information carefully mportant. Physicians: please write the causes of death clearly and

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

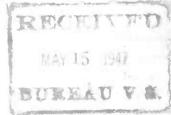
03596

#### CERTIFICATE OF DEATH

Reg. Dist. No. 21

/ .	
1. PLACE OF DEATH: arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town hugo Vista - P. U. arnold, hid	State County
of outside city or town limits, write RURAL and give nearest town)	
How long in above piace of death?	(If outside on white RURAL and give nearest town)
3 Y LOCA.	Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MRS. Jennie Colburn	
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1-1. W. Widow	20. DATE OF DEATH 2224 13 1943 at 4 A. M
6.(b) Name of husband or with Kenney V. Colburn	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If all ye, playe are A Bad years	Truy 9 19 47 10 may 1/ 19 4 9
7. Birth date of 7	and that I last faw h. ailve on 57/1/42
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
58 1 2£	Cerebral Kemandas 11 10to
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Housewefe	Due to
11. Industry or business	Due to.
	Other conditions
12. Name Gugene Jolden  13. Birthplace Hashing Gu & C.	
	(Include pregnancy within 3 months of death)
14. Maiden name Jenne Farner  15. Birthplace Q Q Q G MA	Major findings of operations.
Trans I. I. J. Colbert	
16. Interment P.O. asserble	Autopsy results
Address brogge vela, P.O. annot Hiller	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof (mo. ) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetory St Conne	Where did Injury occur?
Campbel - 2nd.	Injured at home, farm, industry, public place (where?)
Location	Meens of injury Injured at work?
18. Funeral director	
Address Chinapoli Ma.	23 SIGNATURE Secretary Harbertus
"May 14, 1, 47 7 - 1 much	M. D. or other
(Date rec'd by registrar) Registrar	Address Clew / Survey Mig. Date signed

## Marie Company



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MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

03597

#### CERTIFICATE OF DEATH

CER	TIFICATE OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County anne anne	
(If outside cyty or town limits, write RURAL and give ne	State
low long in above place of death? 4 along 5/	(If outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	TT Comment of the state of the
Emergency Hosp.	(If rural, give LOCATION)
low long In hospitator institution?	2.(a) tf veteran, name war
3. (a) FULL NAME Mary Cron	3. (b) Social Security Number
4. Sex   5. Color or race   6. (a) Single, married, Widowed, o	or divorced MEDICAL CERTIFICATION
beurale negro widos	20. DATE OF DEATH. May 1, 19.47, 21. 9=
and the desired of the second	21. I CERTIFY that death occurred on the dite above stated: the called the course
6.(b) Name of husband or wife	- Postmorten Examinations
7. Birth date of	years career may 3 19 4
deceased (mo., day, yr.)   88   -	Immediate cause of death
8. AGE: Years   Months   Days   If less than one	
66 — — hrs.	min. Hackure of Stull
) + Pin + H. b	
9. Birthplace (Town, county, and state)	Due 10. Out to make accident
10. Usual occupation	Due to
11. Industry or business	
12. Name alexander Gratt  13. Birthplace Lothian, West River	Other conditions
\$ 13. Birthplace Lothian West Rem	4
	(Include pregnancy within 3 months of death)
14. Maiden name. Unhour	Major findings of operations.
El 15. Birthplace Unhown	Date of op.
16. informant Eugene I homas	Autopsy results.
D / /	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cahole 5-1	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	(day) (year) Accident, suicide, or homicide.
En Da a Da la a	Where did Injury occur? Amapotas H. II Many
Cemetery or crematory	(City or cown)
Location 83 est Sale Oloc	all Injured at home, farm, Industry, public place (where?)
Man Colon 8.71	Means of Injury Het by automobile Injured at work?
1B. Funeral director.	OT # (but om () 11 Mm medic
Address 43-45 Molhwest of	23 SIGNATURE TOMM M. Layfy M.W. Exam.
May 6 47 Trong	M. D. or other
19	Registrar Address Thursdotts Man Date signed 3/3/4

RECEIVED MAY 8 1947 BURLA 3 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

03598 B

Reg. Dist. No. 28

County Anne Arundel  City or town			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
		day Crownsville,Md.	State Maryland  City or town Baltimore  (If outside city or town limits, write RURAL and give nearest town)  Street No. 128 S. High Street  (If rural, give LOCATION)			
How long in hospital	or Institution?3mo	nths 1	day	2.(a) If veleran, name war	V	
3. (a) FULL NA	ME ry F. Crone	r		3. (b) Social Security Nu	mber	
4. Sex Male	5. Color or race Negro		e, married, widowed, or divorced rried	MEDICAL CERTIFICATION	10.50 P.	
6.(b) Name of husband or wife Susie P.  6.(c) If alive, give age years  7. Birth date of		c) If alive, give ageyears	20. DATE DF DEATH			
8. AGE: Ye	y, yr.) May 15, ars Months 775. 11	1904 Days 27	if less than one day	Immediate cause of death General Paresis Know		
9. Birthplace		state)	Due to	-11-4		
13. Birthplace	Virginia			Diher conditions		
14. Maiden name Betty Whaller 15. Birthplace Virginia				Major findings of operations		
16. Informant Hospital Records, Crownsville State				Antopsy results	fistically.	
(Burial, cremation, or remove (Which?)  Cemelery or tremajory			may 18, 1947	Accident, suicide, or homicide	State)	
18. Funeral director Man Grand Address 631 Round Ail Ail Cruy		A. Hella	Injured at home, farm, Industry, public place (where?)  Migars of Injury  Injured at work?			
19. Date rec'd by	9 1 4 19 47	a	W. Heduch	23. SIGNATURE M. D. or of Address Crownsville, Maryland Date signed 5.		

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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1. PLACE OF DEATH: G. G. Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown VII outside city or town limits, write kULAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, insfliution, or street address where death occurred:	
at home:	Streef No. Streef No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Munnie Dening	Cross mone
4. Ser emale 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hate Mile Vidow	20. DATE OF DEATH May) MUY 2 1947, at 4 A.
B.(b) Name of husband or wife. Chulls B. Local	21. I CERTIFY that death occurred on the date above stated: that I aftended deceased from  Apr: 1 20 19 42 19 42
	Acres 6 co
7. Birth date of deceased (mo., day, yr.) Physl-3-1872	and that I last saw h
8. AGE: Years Mooths Days If less than one day	Immediate cause of dath DURATION
/ J 44	Pheumonia
1300/2md	. Chronic maggaditis
9. Birfhplace (Town, county, and state)	Due 1a.
10. Usual occupation 720116	
	Due to
11. Indusfry or business	
12. Name TEMMING TO SENDING	Diher conditions
13. Birthplace  14. Maiden name ESS aboth Live States	(Include pregnancy within 3 months of death)
15. Birthplace Ballingd.	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant Mars Gange Ganghan	Autopsy results
Address 106 S. Hammond Faren Rd.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address 00 1, Haywillo Mil Twill VIII	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removat. Which?)  Dafe fhereof. (day) (year)	Accident, suicide, or homicide
100 el malle 001	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location District Dis	Injured of home, farm, Industry, public place (where?)
18. Funeral director MANNAMENTO	Means of injury  Injured at work?  Figure 4 work?
Address 108WYorth-T3alWMA	23. SCHATCHE TO THE PARTY OF TH
19. 5-9 19t Colored Registrar	Address //2 3 St Pares ST Base Stored

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			2/	
Reg.	Diat.	No.	21	

1. PLACE OF JEATH:	ERTIFICATE OF DEATH Reg. Diat. No.
How long in above place or death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fognewbyrn infang gyn residence of mother)  State  City or town  (If outside one or town limits, with fural and give nearest town)  Street No. 769
3. (a) FULL NAME  Sleve	ordos 8 avos 3. (b) Social Security Number
4. Sex 5. Color or sace 6.(a) Single, married, with Unite Osnight	
7. Birth date of deceased (mo., day, yr.) Dec 12 192	an one day  The series of death  Due to  Due to  Due to
15. Birthplace Va.  16. Informant Men. Hurriett M. Ba  Address 769 (Oneber Place Warn	Antopsy resolts
17 Peneval Date thereof from	22. VIOLENCE: It death was due to external causes, Itll In the following;  Accident, suicide, or homicide

W.

FOR BINDING RESERVED MARGIN ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Diat. No. .....

County Anne Arundel City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?  Hospital, institution, or street address where death occurred:  Crownsville State Hospital, Crownsville, Md.			1	
3. (a) FULL NA		ears 2 months, 27 days	2.(a) It veteran, name war	
1	e Dean		5.0,000	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	Negro	single	20. DATE DE DEATH May 29 19 47 at 5:00	A. m
	4	6.(c) It alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2 18. 44. 10. May 29 19. 4 and that I last saw h. C. alive on May 29 8 18. 4 Immediate cause of death OURATIO	¥7
8. AGE: 43 Ye		Days If less than one day	General Paresis Known to us s	sine
10. Usual occupation	Housew	county, and state)	Bue to Syphilis Known to us si  Narch 2, 1944.  Bue to	nce
11. Industry or business    12. Name			Dither conditions Pulmonary Tuberculosis Known to since 1/6  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.	us >/4'
Address Hospital, Crownsville, Maryland  17. BURIED (Burial, cremation, or removal, Which?)  Cemetery or crematory Fairview			22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide	
Logition Frederick, Maryland			Injured at home, tarm, industry, public place (where?)	
			Means of Injury Injured at work?	
18. Funeral director. Atchison & Son  Address Frederick, Maryland  19. May 19. 47. 27. Joyc Porcal (Date rec'dlby registrar). 19. 47. Registrar			23. SIGNATURE aceb Alweumen h. M. D. or other Address. Date signed.	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

JUN 2 1947
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	age is shown	on	

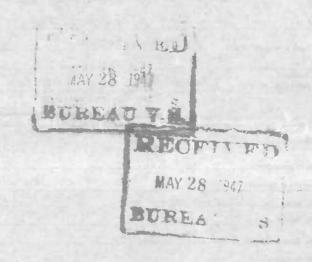
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., I

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eg. Dis	t. N	o.	- 10		

FILM No. G 11 GJUN 27 1947 CERTIFICAT	E OF DEATH Reg. Dist. No.
County  City or town.  (If ourside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or slreel address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Colds or race 6.(a) Single, married, wildowed, or divorced  M. Juknows	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MAY 25—  19. 4. 7. 20 M.
8.(b) Name of husband or wife	21. I CERT(FY) that death occurred on the date above stated: that nattended deceased from  19. /
8. AGE: Years   Months   Days   It less than one day	Certifal Hemmology 4days
19. Usual occupation	Due to
12. Name Luknow 13. Birthplace 14. Malden name Unknow	Other conditions
18. Interment Separate Home Recold	Major findings of operations.  Date of op.
Address Colquiratu gnd	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal. Which?) (month) (day) (year)  Cemetery or crematory ( Outstill / toyal ( )	Accident, suicide, or homicide
18. Funeral director.	Injured at home, tarm, industry, public place (where?)  Means of Injury  Injured at work?
19. May 26 19 47 Edward Colleign (Date recht by registrar)  Registrar	23. SIGNATURE M. D. or other M. D. o



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 HIGHAT DECIDENCE (MORE) OF DECEASED.

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#### CERTIFICATE OF DEATH

Reg. Dist. No. ..... 2/

1. PLACE OF DEATH:			(For newborn infants give residence of mother)  Maryland  A.A.		
City or town Annapolis Neck Annapolis Md a (If outside city or town limits, write RURAL and give nearest town)			Annapolis, Neck.		
How long in above place of death? 89 Years Hospital, Institution, or street address where death occurred: Annapolis, Neck			City or town		
How long in hospital or institution?			2.(a) If veteran, name war		
3. (a) FULL NAME		ouis L. Duvall	3. (b) Social Security Number		
4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M	W	Single	20. DATE OF DEATH PAGE 15 1947 215 B.M		
	Sent 1	6.(c) tf alive, give ageyears	21. I CERTIFY that death occurred on the date above stated: that Tattended deceased from  19.7. 10. 19.7.  and that I lost saw h alive on 19.4.7.  Immediate some of death.  DURATION		
8. AGE: Years		Days If less than one day 4hrsmin.	Milwaray Edema 4 day		
9. Birthplace			Due to		
14. Malden name Adaline E.Slemaker  15. Birthplace Maryland			Major findings of operations.  Date of op.		
16. Informant E		Duvall Amenalia Ma	Autopsy results		
17. Buris	or removal. Which?	Date thereof May 17 1947 (month) (day) (year)	22. VIOLENCE: ff death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or crematory Salem			Where did injury occur? (City or town) (County) (State)		
LocationAr	nnapolis,	Wack.	Injured at home, farm, industry, public place (where?)		
18. Funeral director	B.L. Hoppin	ng & Son	Means of Injured at work?		
Marila 47			23. SIGNATURE TURE STORE STORE M.D. or other		
19. (Date rec'd by registrar) Registrar			Address Date signed Date signed		

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:  County Baltimore Anna Accele  City or town Riviera Beach  (If outside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:
			State Md. County Baltimore A.A.	
City or town	outside city or town li	mits, write RURAL and give nearest town)	City or town Riviera Beach (If outside city or town limits, write RURAL and give nearest town)	
		double accounted.		
	or street address where			tus Roads, Section 23
Roland and Arbutus Roads, Section 23			(If rural, give LOCATION)	
3. (a) FULL NAM			3.(b) Social Security Number	
		Ruth May Fertitta		o. (o) bocial became, namber
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
Female	White	Married	20. DATE OF DEATH May 12	19.47 at 10.30A
6.(b) Name of husband	or wife. Joseph	Fertitta	21. I CERTIFY that death occurred on the date abo	ove stated; that hattended deceased from
				10 my = 19 4/
	, yr.) May 23,		and that I last saw h er alive on	
8. AGE: Year		Days It less than one day	Immediate cause of death. Rengander	6.00-
36	6 11	19hrsmin.	columnations	
1	Baltimore,	Md		et of colon
	(Town,	county, and state)	Due to	
10. Usual occupation.	Housewi	.fe	Due to.	
11. Industry or busine	ess		Due to	
質 12. Name	arry Doell	-	Other conditions	
I 13. Birthplace	7	1		
14. Maiden name Lula Rowley 15. Birthplace Maryland			(Include pregnancy within 8 r	
H. Maiden name	Marryland	3	Major findings of operations Services	
≥1 15. Birthplace	Tarab E	Pomtitto		Date of op. 42124
	r. Joseph F		PHYSICIAN: Please underline the cause to wh	
Medicas	003 Woodrid		22. VIOLENCE: It death was due to external cau	
Buris gramatio	al on, or removal. Which?)	Date thereof May 1'5, 1947	Accident, suicide, or homicide	
(Durial, Crematio	Torrdor	n Park Cometery		
Cemetery or crema		* / /	Where did injury occur?(City or town)	
Location	Baltin	ore, to	Injured at home, farm, industry, public place (wi	1
18. Funeral director	Upilles	Laworran	Meens of Injury	Injured at work?
Address 100	3 W. Baltin	nore St.	12 CIENATIDE / DEMAN	u de (M)
" mas	14 -117	a. W. Hedrich	23. SIGNATURE DATE Bldg	M. D. or other
19. Mary 14 19 44.7 A. Registron			Medical Arts Bldg	Pate signed Mass 12- U/

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Anne Arundel Co.  City or towo. (If outside city of town limits, write RURAL and give nearest town)  How long in above place of death? Life  Hospital, institution, or street address where death occurred:  28 College Ave.				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of State Maryland	Anne Arur s, write RURAL and give nea	rest town)
				The state of the s		•••
3. (a) FULL NAMI	Margret 1	Ellen	Edwards		3. (b) Social Security  None	Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	Colored	N	larried	20. DATE OF DEATH		
T. Birth date of		6.(d	c) It alive, give ageyears	21. I CERTIFY that death occurred on the date ab  Lipsil 19.  and that I last saw h Low alive on 21.	47 , to May 13	3, 19 4 7
deceased (mo., day, )				Immediate cause of death		OURATION
8. AGE: Years		Days	It less than one dayhrsmin.	Pulmonary Her	mlaze	2 hr
9. Birthpiace			(dice)	Due to. Pulmonary Indiana		
至 12. Name 13. Birthplace			rown	Other conditions		
HLOW 15. Birthplace	Mary F		Plummer ge Co.	Major findings of operations.		
t6. informant				Autopsy results	hich death should be charged	statisticaDy.
17Burial (Burial, cremation	or removal. Which?) Brewer I	Date ther	5-16-1947 (month) (day) (year)	22. VIOLENCE: If death was due to external ca     Accident, suicide, or homicide  Where did injury occur?	(County)	(State)
Location	West 8	Street	Extended	Injured at home, farm, industry, public place (s Means of injury	Injured at work?	
tB. Funeral director Address			es E. Hicks	Honday K	I Japhan A	M
19. May 16. 18 47 Morthwest Street  (Date rec'd by registrar)  Registrar				23. SIGNATURE ALLEGATION Address 40 Mallwes Sh	M. D. Date signed	or other 5/15/47



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: County Anne Arundel City or town			days  crownsville, Md.		County Co	
		month 18	days	2.(a) If veteran, name war		
3. (a) FULL NAI	Ford				3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL (	CERTIFICATION	
Female	Negro		Single	20. DATE DE DEATH May 14	14.7	4:10 P
7 Right date of	***************************************	No.	c) If alive, give age	21. I CERTIFY that death occurred on the date March 26 1 and that I last saw her alive on May	above stated; that I attended dece 19.47, to May 14 14.	ased from 19.47 1947
8. AGE:49 Yes	ars   Months	Days	If less than one day	Immediate cause of death Mitral Insufficiency	Decompensated	DURATION
Approximate		?	hrsmin.	.iii.de. iii.de. iii.d	Know	to us
9. BirthplaceVirginia (Town, county, and state)  1D. Usual occupationDomestic				Due to	SINCe	3-29-47
11. Industry or busin		d		Other conditions Schizophrenia	know	tous
12. Name Joe Ford  13. Birthplace ?					ginge	3-29-47
	Francis	Bullett		(Include pregnancy within		
AddresHospital Records, Crownsville State  AddresHospital, Crownsville, Maryland  11. buried Date thereof May 19,1947  (Burial, cremation, or removal, Which?)				Autopsy results	which death should be charged	statistically.
			eof May 19,1947 (month) (day) (year)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	Date of	
Cemetery or crematory Rose Hill				Where did injury occur?(City or town		
	Location Hagerstown, Maryland			Injured at home, farm, industry, public place	(where?)	•••••
18. Funeral director Wm. H. Downey  Address Hagerstown, Maryland  19/10/15  19/17  E. F. Joyce Local			7. Joya Local		youten In [	or other



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

	Neg. Dist. 140		
1. PLACE OF DEATH: County Coun	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 5 404  Hospital, institution, or street address where death occurred:			
How long In hospital or Institution?	(If rural, give LOCATION)  2.(a) If veteran, name war		
3. (a) FULL NAME Constance Elizabeth 7	ouman, 3.(b) Social Security Number		
4. Sex Female White Midowed, or divorced  Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MAY 26 1947, 21.6:30 PM		
6.(b) Name of bushadd or wite Dasiah Hite Foreman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Dirth date of deceased (mo., day, yr.)  Oct //-/885	and that I last saw h 2 alive on many 20 19.47.  Immediate cause of death DURATION		
8. AGE: Years Months Days It less than one day	Cerebra Raemonthage 5-16-47		
9. Birthplace. (Town, county, and state)	Due to		
10. Usuat occupation	Due to		
E 12. Name Hamilton Willer  13. Birthplace Penn	Other conditions and win - Always 5-64		
14. Maiden name Lyura Werts	(Include pregnancy within 8 months of death)  Major fludings of operations.		
16. Interment Man James E Foreman	Autopsy results		
Address 1428 S.E. Wash. D.C.  17 Burial Date thereof May 23.47	VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?)  Cemetery or crematory Cellar Hull Cemetery	Where did injury occur?		
Location Washington Schilling  18. Funeral director Millon Schilling	Injured et home, farm, Industry, public place (where?)  Means ot Injury  Injured at work?		
Address 3914 Hanover At 730ne 25	23. SIGNATURE Daos. L. Ball Or mi		
19. May 2/ 1947 Ida M. Whitens Registrar	M. D. or other  Address Line Consum - Bate signed 5-20-47		

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#### MARYLAND STATE DEPARTMENT OF HEALTH

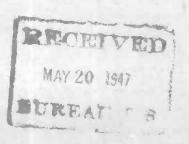
2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

Dis N. 28

1. PLACE OF REATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ormide	State May land county A. a.
City or town	State VVVVV County
How long in above place of death? 13.70an 6 months	(If outside city or town limits, write RURAL and give nearest town)
fospital, institution, or street address where death, occuped:	
Crownwille State Hospital	Street No
How long in hospital or institution? 13 rears 16 med	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Fountain Welliamy 1.	
4. Sex Colored Separated Ordivorced	MEDICAL CERTIFICATION  20. DATE OF DEATH  WOOT 17 19 47 at 42.
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased on
S.(b) Name of husband or wife	Movember 17 ,33 to may 179 19 47
S.(c) If alive, give ageye	and that I last saw have alive on Mary 17 19.47
Birth date of deceased (mo., day, yr.) way 140, 1898	
AGE: Years   Months Days   If less than one day	Immediate cause of death
49 (13 mm.hrs.	nin.
	may 12."
Birthplace(Town, county, and state)	Due to.
, , , , ,	
ID. Usual occupation	Due to
11. Industry or business	deal Astronomy
12. Name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name	
15 Birthnings	Major findings of operations
Heri la lacrials	
6. Informant	Actorsy results
Address Commerce ma	22. VIOLENCE: If death was due to external causes, fill in the following:
7 Parrial Date thereof Way 207-	Accident, suicide, or homicide
(Burial, cremation, or removed Which?)	
Cemetery or crematory	Where did Injury occur?
Location Olimidation, md.	Injured at home, farm, industry, public place (where?)
10 M Hardet L som	Means of Injury tnjured at work?
18. Funeral director	
Address dalesville.	23. SIGNATURE CLAD WELLELLER M. T.
5718 1 59 57 Jours 201	tal Ola contact of the D. or other
19. (Date rec'd by veristrar) Regist	rrar Address Date signed Date signed



PLEASE WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03609

1. PLACE OF DEATH: Ormale	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State.
City or town	City or town
How long in above place of death?	Sireet No. Lavel Hall (If rural, give LOCATION)
How long In hospital or fastitution?	2.(a) If veteran, name war
3. (a) FULL NAME Ellen Sur	eker Gearing 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wallow.	MEDICAL CERTIFICATION  20. DATE DE DEATH.  MEDICAL CERTIFICATION  10 47 3 - P
6.(b) Name of husband or wife Henry C. George	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 16. to May 10. 19. 4
f. Birth date of deceased (mo., day, yr.)	2186 Simmediate cause of death DURATION DURATION
B. AGE: Years Months Days If less than one dayhrs.	min Cerebral apoplexy ender
). Sirthplace	Due to general asterial
D. Usual occupation	Due to Myperleusion
12. Name Touthwest 7.	Dither conditions
14. Maiden name	Major findings of operations
16. Informant It Comed Wallers Learn	Antopsy results
Address Carly Andrew Date (morth) (day) (year (day) (day) (year (day) (day) (day) (year (day)	22. VIOLENCE: ff death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funeral director 18.	Means of Injury  A Con Con St.
Address Chamapolis Md.	23. SIGNATURE De M. D. or other
(Date rec'd by registrar) Ref	gistrat Address Address 10/3



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	CERTIFICA	IE OF DEATH	Reg. Diat. No.
1. PLACE OR DEATH: County	ugal.	2. USUAL RESIDENCE (HOME (For newborn infants give regidence	OF DECEASED: County County Change
City or town	AL and give nearest town)	City or town   South	mits, wite RURAL and give nearest town)
Hospital melitution, or street address where death occurred	ospt,	Street No(If rural, s	give LOCATION)
How long in hospital or institution?		2.(a) If veteran, name war	
3. (a) FULL NAME Elizabel	the J. Ju	lbest	3. (b) Social Security Number
1 0 - 1/ 0 -	arried, widowyd, or divorced	100	CERTIFICATION
8.(b) Name of husband or wife 20 m E.	Tellet.	21. I CERTIFY that death occurred to the date	
7. Birth date of deceased (mo., day, yr.) feft 15	1863	and that I last saw h	nay 12 19
o. Aug.	If tess than one dayhrsmtn.		whomas 6de
9. Birthplace	md.	Due to	
1D. Usuat occupation		Due lo	
12. Name John 9	mson mid.	Other conditions 4/30-	Semle cataract
H 14. Maiden name Prokume		(Include pregnuncy withi	
15. Birthplace	war no	-	Date of op,
16. Informant acos Tack of	y Bana	Autopsy results	o which death should be charged statistically.
Address Date thereof	May 14-19	22. VIOLENCE: If death was due to externa	
(Burial, cremation, or regival, Which?) Cemetery or crematory	(month) (day) (year)	Accident, suicide, or homicide	
Location Case and Blue	'AGCMA	Injured at home, farm, Industry, public place	
18. Funeral director Man M.	Tayla. Son	Means of Injury	Injured at work?
Address / Company	es me.	23. SIGNATURE M. 7, KK	awans, me
19. May 14. 19. 47	- Donnella Registrat	316.67.6	M. D. or other

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MAY 15 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consessite especially important. Physicians: please write the causes of death clearly and legiply.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  13 Gite County A.A.  City or town Annapolis (If outside city or town limits, write RURAL and give nearest town)  Street No. ISI Glocator (If rural, gi@Gogation)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex M 5. Color or race 8.(a) Single, married, widowed, or divorced Widow	MEDICAL CERTIFICATION  20. DATE OF DEATH May 2 1947 21 12 30
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from  19. 1. 10. 14. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
Mrs Irene G Lyons  Address ISI Gloucester St. Annapolis, Md.  17. Removal (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Mrs Irene G Lyons  Address ISI Gloucester St. Annapolis, Md.  Date thereof May 4 1947  (month) (day) (year)	Autopsy results
Location Aurora New York State  18. Funeral director B. L. Hopping & Son  Address Annapolis, Md.  19. 5-4 (Date rec'd by registrar)  Registrar	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other  Address & Date signed 5 - 3 - 4

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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

03612

/ / /	Reg. Diat. No
County Clip or town.  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Expression infeats give residence of mother)  State County
How long to hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME ARSULA B. GOE	DEKE 3. (b) Social Security Number
4. Sexy.  Jewale Scolor or race (6.(a) Single, married, widowed, or divorced married  Married	MEDICAL CERTIFICATION  May 26 1947 at 10-P
6.(b) Name of husband or wife N War J. Socalete  6.(c) If alive, give age 59 years  7. Birth date of	21. I CERTIES that death occurred on the date above stated; that I attended deceased from  S  and that I last sew it:  after our
8. AGE: Years Months Days If less than one day  59 5 12	Immediate cause of death
9. Birthplace	Due to. Chique myocarditis- unknown
11. Industry or business Own home  12. Name TRank Mack ouncil	Due to
13. Birthplace Baltimore Many and	(Include pregnancy within 3 months of death)
14. Maiden name Mary Drieffel  15. Birthplace Paltin or Mary land	Major findings of uperations
Address Quarterfield Road, Severn, Md.	Autopsy results
17. Buyla   Date thereof 7a y 29, 1947.  (Burlal, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory  Location  Location  Control POVOKIYH, R.F.D.	Where did injury occur? (City or town) (Connty) (State)  Injured at home, farm, industry, public place (where?)
18. Funeral director Komes Q. Lingston  Address Hen Darnie M.	Means of Injury Injured at work? Detroited.
19 May 28 1947 morealla	23. SIGNATURE AND POLIS IND. M. D. or other 5/27/47

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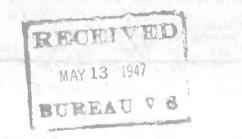
2411 N. Charles St., Baltimore

8300

CERTIFICAT	E OF DEATH Reg. Diat. No. 2
Clify or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)  State  County  City or town
How long in above place of death?  Hospital, insulation, or street address where death occurred:  How long in hospital or institution?	(If outside city or town limit write RURAL and give nearest town)  Street No. (If rurel, give LOCATION)  2.(a) If veteran, name war.
	Laefe St. 3. (b) Social Security Number
Male Scholar O. (a) Single, married, wildowed, or divorced Wildows	MEDICAL CERTIFICATION  2D. DATE DF DEATH  MEDICAL CERTIFICATION  1947, 21 1145 F
6.(b) Name of husband or wife Mayaret 7. Fraefe  6.(c) y alive, give age	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	and that I last saw h Managive on 19.44.7.  Immediate cause of death DURATION
9. Birthplace (Town, county, and state)	Due of f
10. Usual occupation. Netwood Butcher 11. Industry or business Prop Peoples Mest Market.	Due to Hall the ket warm there
12. Name/Helman E. Graefe 13. Birthplace Germany	Other conditions
14. Maiden name Mahanagru  15. Birthpiaca Pubnowu	(Include pregnancy within a months of death)  Major findings of operations
16. informant. Leage E. Graefo Jr. Address 1207. West St. Chunch lines.	Autopsy results
17. Burial, cremation, or remanal. Which?)  Date thereof. 71. (Month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Location	Where did injury occur?
18. Funeral director Address Anna apole mal.	Means of injury Injured at work?  23. SIGNATURE Deliver Turne.
19. May 11. 19. 47 Wants	Address Auce apth la Date signed 3/9/4.

FOR BINDING MARGIN RESERVED PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrective especially important. Physicians: please write the causes of death clearly and legibly.

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information carefully. The coof death clearly and legibly.

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ADING INK. Supply every if Physicians: please write the

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

23. SIGNATURE...

E OF DEATH	Reg. Diat. No.	0
2. USUAL RESIDENCE (HOMI		
State GNA	country a. C.	***************************************
City or town(If outside city or town	Ilmits, write RURAL and give neares	t town)
Street No. (If rural	, give LOCATION)	***************
2.(a) If veteran, name war		
Hall	3. (b) Social Security Nu	mber
//.	CERTIFICATION  19.47	4a
21. I CERTIFY that death occurred on the da	ate above stated; fhat I attended deceases	from
may 5	10 47, 10 may (	1 19.4
and that I last saw h. Comative on		19
Immediate cause of death	henimhays.	DURATION
Due to by pertine	s.m.	
Due to allum	duni	
Dther conditions		
(Include pregnancy wit	hin 3 months of death)	
Major findings of operations		***********
***************************************	Date of op	
Autopsy results	to which death should be charged stat	tisticaDy.
22. VIOLENCE: If death was due to extern	nal causes, fill in the following:	
Accident, suicide, or homicide	Date of	
Whera did injury occur?(City or t	own) (County) (S	State)
Injured at home, farm, Industry, public pla	nce (where?)	***************************************

Lattura, ms. Date signed 5/1.

1. PLACE OF DEATH: or town limits, write RURAL and give nearest town) How tong in above place of death? ..... Mospital, institution, or street address where death occurred. How long in hospitat or institution?. 3. (a) FULL NAME 5. Color or race 4. Sex 6.(b) Nama of husband or wifa... 7. Birth date of deceased (mo., day, yr.) Days if less than one day Months 8. AGE: Years 9. Birthplace.,..... (Town, county, and state) 1D. Usual occupation 11. Industry or business 13. Birthplace 14. Malden na 15. Birthptace 14. Malden name 16. Informant Address Cemetery or crematory. Location ... 18. Funerat director Address Registrar (Date rec'd by registrar)

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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eg.	Dis	it. l	No.					

1. PLACE OF DE	ATH: e Arundel			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
Cily or town	e of death? Mo or etreet address where e State Ho	death occurred spital,	d URAL and give nearest town) : Crownsville, Md.	State Maryland County  City or fown Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No				
3. (a) FULL NAM				3. (b) Socia	al Security Number			
George Hai	mlin	10/-10: 1						
			, married, widowed, or divorced	MEDICAL CERTIFICAT	TION			
Male	Negro	Wid	owed	20. DATE DE DEATH MAY 14	19.47 19:20 P			
7 Right date of			n (deceased)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  April 14 19 47 to May 14 19 47				
deceased (mo., day,	yr.) 1895			Idia: com of doub	DURATION			
8. AGE: Year		Days	if lese than one day	Lung tuberculosis Kno	own to us since			
52 ?	?	?	hrs min.		il 14,1947			
10. Usual occupation  11. Industry or bueine  12. Name	Laborer ss eorge ?		tate)	Due fo	April 14,1947			
16. Informant Hos			cownsville State	Autopsy results				
(Burial, cremation Cemetery or crema	ied n, or removal. Which tory. Mt. Aud timore, Ma	Date there ourn aryland	month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following accident, suicide, or homicide	olate of			
	Mrs. Katie	L. Wi	lliams	Meene of injury Injured	at work?			
Address 322	N. Schroed	ler St.	Beltimore, Md.	3 SIGNATURE acal Mangareten	M. D. or other			
19. (Date ree'd by	21 19 77 egistrar)	u	Explosed Registrar		M. D. or other  Date eigned 5-15-47			

### 9-45-15M VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
				State Maryland County			
Now long In above place	of death? 2 mor	iths 23	d URAL and give nearest town) days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No			
Hospital, Institution, or Crownsvil.	street address where le State I	death occurred	l,Crownsville,Md.				
3. (a) FULL NAME					3. (b) Social Security N	lumber	
Timoth	y Harris						
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
Male	Negro		?	20. DATE OF DEATH May 2	47	12:00 Am	
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 9 19.45 to May 2 19.47 and that I last saw h. 18 alive on May 2 19.47			
8. AGE: Years		Days ?	It less than one day	Immediate cause of death	Known		
9. Birthplace?				Due to			
12. Name	-			Dither conditions			
14. Maiden name	-			Major findings of operations			
16. Informant Hospital Records, Crownsville State				Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.			
17Buried. (Burial, cremation,	or removal. Which	Date there?)	eol (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide			
			ery				
Location Crow	nswille &	. /	ryland	Injured at home, farm, industry, public place (wi			
18. Funeral director	fall Cre	Two Is	rilly)	Means of Injury	Injured at Mprk?		
19. May 7	ristrar)	£.	7 Joya Lotal Registrar	23. SIGNATURE  Address Crownsville, Maryl	M/D. o		

17 12

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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FIRM NO. G 110 HIN 16 1947 CERTIFICATE OF	EXTM Ho	G	1	10	IIIN	16	1947	CERTIFICATE	OF	DEATH
---	---------	---	---	----	------	----	------	-------------	----	-------

Rog. D. R. No. 1.721

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
CountyA.A. Co.	Mowrland A & C-
City or town Arma polis (If outside city or town limits, write RURAL and give near	
How long to above place of death? 70 yrs.	
Hospital, institution, or street address where death occurred:	Street No. I/4 College Ave.
I4 College Ave.	(If rurnl, give LOCATION)
How long in hospital or institution?	2.(a) ti veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	•••••••
Mary Adams Haste 4. Sex   5. Color or race   6.(a)Single, married, widowed, or d	divorced MEDICAL CERTIFICATION
F Col. Widow	20. DATE DE DEATH May 26 1947, 21 11 12P
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of husband or wife	19 1 10
7. Birth data of	years and that I last saw h. alive on may 26
deceased (mo., day, yr.)  R ACF: Years   Months   Days   It less than one day	
8. AGE: Years   Months   Days   If less than one day	Immediaire cause of death DURATION
8T 80 5 26hrs.	min.
3. Birthplace	Due to
10. Usual occupation Housewife	
	Due to
11. Industry or business	
E 12. Name Richard Harris 13. Birthplace Annapolis, Md.	Dther conditions
13. Birthplace Annapolis, Md.	(Include pregnancy within 3 months of death)
뛸 14. Malden name	
	misjat tradings at operatures.
15. Birthplace	
16. Informant	Autopsy results
Address I4 College Ave.	PHISICIAM: Please ondering the cause in which death shann be that get the shanning of the period of
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof (month) (da (month) (da	Accident, suicide, or homicide
Cemetery or crematory Brewer Hill	
Location West Street Extend.	
18. Funeral director Mrs. Chas. E. Hicks	Meana of Injury Injured at work?
1	a or allon on D
Address 45 Northwest Street	23. SIGNATURE
1, may 29 1, 47 1 - Val	Much 17 Carroll St 5-28-47
(Date rec'd by registrar)	Registrar Address Date signed

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

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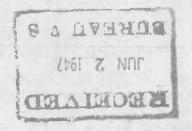
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95

#### CERTIFICATE OF DEATH

03618 Reg. Dist. No.

County	(For newborn Infants give residence of mother)  Maryland  State		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME Charlotte E. Heckrotte	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Widow	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  27  19. **/  19. *		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from  19 1, to 18/7  and that I last saw h. alive on 19/2.		
8. AGE: Years Months IO 25 If less than one day	Immediate cause of death  There was been a myrrobial well-		
9. Birthplace Baltimore County. (Town. county, and state)  10. Usual occupation None  11. Industry or business  12. Name Jacob F. Cornes  13. Birthplace Baltimore County	Due to  Due to  Dther conditions actual solutions a		
14. Maiden name Martha A. Walters  15. Birthplace Baltimore, County	(Include pregnancy within 3 months of death)  Major fiedings of operations		
16. Informant Frank B. Heckrotte Address Weems Creek. Annapolis, R.F.D. #3	Autopsy results		
17. Burial Dafe thereof May 30. I94.7  (Burlal, cremation, or removal, Which?)  Cemefery or crematory Loudon Park	Accident, suicide, or homicide		
Location Balto Maryland.  18. Funeral director B.L. Hopping &son  Address Annapolis, Maryland	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE		
19. May 29 19. 47 Registrar	Address Comple M. D. or other  Bate signed 5. 2 4.		



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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#### CERTIFICATE OF DEATH

03619 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County are arrangel	(For newborn infants give residence of mother)
County	State Many Carl County Come Crundel
City or town	
(If outside city or town names, write NORAL and give heatest town)	City or town
How long in above place of death?	(If outside city or town lights, write RURAL and sive nearest town)
Hospital, Mitution, or street address where death occurred:	Street No. of A every Cive
Comergency Hospi	(If rural, give LOCATION)
7 7	2.(a) It veteral name war
How long in hospital or institution?	2.(a) It veterae, name war
3. (a) FULL NAME	3. (b) Social Security Number
(Toy M. Ho	roman
	HOASEMAN
4. Sex   5. Color or race (.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 1 0 1 0 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1	
mule n. Ilarried	20. DATE DE DEATH 2003 17 19 47 at 3 P
// //	
6.(b) Name of husband or wite Uma Nusman	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(c) If alive, give age yes	ars and that I last saw hallye on
7. Birth date of 2 1893	
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years   Months   Days   It less than one day	Caracay Thrombases
53 8hrsm	ln.
700	
· Billian Salesbury	Due to.
(Town, county, and state)	
10 Heurs accupation Materials	***************************************
1D. Usual occupation	Due to
11. Industry or business	
12. Name Webnows	Other conditions
13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
[5]	
≥   15. Birthplace	Date of op.
16. Interment Coma Horaman	Autopsy results
10, intermedia	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Gasusou Ma	- All to the dellowing
13 mil 2010 200 194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Rurial cremation, or removal, Which?)  Date thereot. (mon/hi) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (mondi) (day) (year)	
Cemetery or crematory	Where did injury occur?
Come hat med	Injured at home, farm, Industry, public place (where?)
Location	- 0
Jal ma della Come	Meens of injury Injured at work?
18. Funeral director	
www // ( James should not	(6) Just to page
Address Address	23. SIGNATURE AMARIES
May 19 47 11 - 100 miles	M. D. or other
19. (Date ree'd by registrar) Registr	Address Compart, Max Date signed 3/16/47

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH Reg. Diat. No......

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1. PLACE OF D	EATH: Arundel		2. USUAL RESIDENCE (FIOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town. Crownsyille. Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 1 month 6 days			State Mayyland County			
Hospital, Institution, or street address where death occurred:  Crownsville State Hospital, Crownsville, Md.			Sireel No. 1620 Madison Ave.  (If rural, give LOCATION)			
How long in hospital or institution? 1 month 6 days			2.(a) tf veteran, name war			
3. (a) FULL NA				3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CER	TIFICATION		
Male	Negro	Single	20. DATE OF DEATH May 11, 1947	19 47 a16:30 A M		
	•••••••••••••••••••••••••••••••••••••••		21. I CERTIFY that death occurred on the date above s April 5	tated: that I aftended deceased from		
8. AGE 32 Ye Approximat	ars   Months	Days If less than one day	Immediate cause of death General Paresis	Known to us		
10. Usual occupation	n?	eounty, and state)	Due fo			
E			Dther conditions			
	ne?		(Include pregnancy within 3 mon			
		is, Crownsville State	Antopsy results	death should be charged statistically.		
17 burial, cremati	led ion, or removal, Which?	Date thereof May 1947 (year)	22. VIOLENCE: If death was due to external causes, Accident, suicide, or homicide	Date of		
Cemetery or crem	atory Mt. Cal	very	Where did injury occur?(City or town)			
Location Ann	ne Arundel (	County	Injured at home, farm, Industry, public place (where			
18. Funeral director Adolph Holstead  Address 918 Druid Hill Ave., Baltimore, Md.			Means of Injury  23. SIGNATURE ALL MANUE	unique at work?		
19. 5/2.	registrar)	a.W. Jedrich	Address Crownsville, Maryl	M. D. or other		

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03621

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)			
county Anne-Arundel	State Indiana county unknown			
City or town				
How long In above place of death? 3 D.A.y. 5	City or town (If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)			
	2.(a) It veteran, name war			
How long In hospital or Institution?				
3. (a) FULL NAME	3. (b) Social Security Number			
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced				
	MEDICAL CERTIFICATION			
Male White Married	20. DATE OF DEATH			
6.(b) Name of husband or wife Esthor Howard	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
6.(c) It alive, give age 53 years	May 19 18 47, 10 May 19 18 47.			
7. 8irth date of deceased (mo., day, yr.) Sept 13, 1883	and that I last saw h. J. Dnn. alive on May 19.			
8. AGE: Years   Months   Days   If less than one day	Immediais cause of death			
626386 min.	Coronary Occlusion 2 Hrs			
9. Birthplace Center District Calvert Co Md.	Due to			
10. Usual occupation Contractor + Builder	Broads.			
11. Industry or business	500 10.			
置 12. Name William Howard	Dther conditions			
	(Include pregnancy within 3 months of death)			
14. Maiden name Rachel Anne Robinson  15. Birthplace Calvert Co Md.  16. Interment Malcolm R Howard	Major findings of operations.			
E 15 Rightplace Calus + Co Md.	Major findings of operations.  Date of op.			
16 Interment Malcolm R Howard	Autopsy results.			
(6. Satorman)	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address Gambrilly Md.	22. VIOLENCE: If death was due to external causes, till in the tollowing:			
17. (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide			
	Where did injury occur?			
Cemetery or crematory				
Location Local De La	Injured at home, farm, Industry, public place (where?)			
18. Funeral director & Hopefarry 4 (2821)	Meens of Injury Injured at work?			
Address Que afoste had	23 SIGNATURE Eduard 9 Themott M.D.			
18 May 20 19 47 E.F. Loyce Noval	Address Gambrills Md Date signed May 19, 194.			

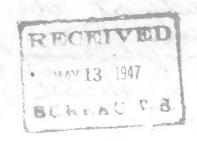


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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Come Chundel	(For newborn infants give residence of mother)	rendel
City or town		
How long in above place of death?	City or town(If outside city outcom limits, write RURAL and give	pearest town)
Hospita institution, or street address where death occurred:	210 1 200000000000	1
Emergency Hospital	Street No (If rurul, gve LOCATION)	M.M.A
How long in hospital or Institution?	2,(a) If veteran, name war	
3. (a) FULL NAME John Norman	Jensen gr. 3. (b) Social Securi	0 111
4. Sei 5. Chor or race 6.(a)Single, parried, widowed, or divorced	MEDICAL CERTIFICATION	
male W. Single	20. DATE OF DEATH. May 6 19 9	12 at 10 35 p
	21. I CERTIFY that death occurred on the date above stated: that I attended d	
6,(b) Name of husband or wife	man 6 19 47 to may	
7. Birth date of C.	and that I fast saw h	18.42
7. Birth date of deceased (mo., day, yr.) May 16 4 1928	Immediate cause of death in less time at obstruction	DURATION
8. AGE: Years Months Days If less than one day	(mechanical) of short	2 days
18 11 20hrs.		
9. Birtholace Eastfart Md.	Bur to Conferent al rectal	
(Toyn, county, and	stricture	Ryn.
10. Usual occupation. Celera Vounce.	Due to	
11. Industry or business amakolio 13 anking orus	16	
# 12. Name Jalon By. 9 ensent Se.	Other conditions	
F O L O CO		*****
13. 8irthafale	(Include pregnancy within 3 months of desth)	
# 14. Maiden nam ngeborg Muuspeldt	Major findings of operations	
2 15. Birthplage UDerstack	Oate of op	
16. Informant John M. Jensey Jr.	Antone results Confirmed diagnos is ab	~e.
	PHYSICIAN: Please underline the cause to which death should be charge	red statistically.
Address R19 Chesapelaho Um Cashart	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. (Burial, cremation, or removal, Which?) Que thereof. (month) ((2)) (year)	Accident, suicide, or homicide	
Cemetery or crematory + oxt Jusculus	Where did injury occur?	***************************************
man out it at the		
Cocation Nashun fun	Injured at home, farm, Industry, public place (where?)	
18. Funeral director toland M. Vancar Con. Lone	Means of injury Injured at work?	
Address Amahola Ind.	e 0 1.	0
ADDIESS CONTRACTOR OF THE PROPERTY OF THE PROP	73. SIGNATURE S. (Sommule. M.	D or other
19 May 8 19 41 /1	Colombia mid-	577/17



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# WRITE PLAINLY, WITH UNFADIME INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

## PLEASE A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

1. PLACE OF DEATH:  County Anne Amindel Co.  City or town (if outside Anne Polis Md Write NURAL and give nearest town)  How long in above place of death? 52 years  Hospital, institution, or street address where death occurred:  106 Calvert Street Annapolis Md.  How long in hospital or institution?	State Maryland County Anne Arundel  City or town Annapolis Md.  City or town Clf outside city or town limits, write RURAL and give nearest town)  Streef No. 106 Calvert St.  (If rural, give LOCATION)  2.(a) It veteran, name war. None			
3. (a) FULL NAME	3. (b) Social Security Number			
George Washington Johnson  4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male Col. Single	MEDICAL CERTIFICATION  20, DATE OF DEATH MAY 12 1947 at 112 A M			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the late above stated; that I affended deceased from  19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			
S. Birthplace	Due to			
12. Name	Other conditions			
Address 106 Calver t St. Annapolis Md.  11. (Burial, cremital removal Which?) Date thereof May 15. 1947. (month) (day) (year)  Cemetery or crematory Brewer Hill Cemetery  Location West St extd. Annapolis Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide			
19. Funeral director	23 SIGNATURE G T. Cleby My D. or other  Address. 1 Date signed 5-14-47			



WRITE

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9300

Reg. Diat. No.

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County ame armall
	City or town. (If outside city or town limes, wrigh RUPAL and give nearest town)
	Street No. 144 Yharket Street
1	(If rdrat, give LOCATION)  2.(a) It veteran, name war

1. PLACE OF DEATH:  County Anne Armae  City or town Annapolis	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
City or town	City or town. (If outside city or town limit, write RUMAL and give nearest town)  Street No. (If rerat, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Magaret Dens	
4. Sex terrale 15. Color or race 6.(a) Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH. PLOS J.3, 1947, 21 75 M
6,(b) Name of husband or wife. Welliam Plus of the State of State	21 TEERTIFY that death occurred on the date above stated; that rattended deceased from
T. Birth date of deceased (mo., day, yr.) November 22, 1862	and that I last/saw h live on 19.5.
8. AGE: Years Months Days It less than one day	Immedia care of death Occupian Joseph
9. Birthplace	Due to Hypertensive Cardio - 10 yes
10. Usual occupation	Due to. Try Const., Change 10 74.
12. Name Charles Hoso  13. Birtholace Island	Other conditions
May Brule	(Include pregnancy with 3 months of death)
14. Maiden name	Major findings of aperations
16. Informani Mu Wallet. Bermett Si.	Autonsy results.
Address 144 Market St. Compole M.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Chural (Burial, cremation, or removal Which?)  (Burial, cremation, or removal Which?)  (Burial, cremation, or removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location amapalis, The	Injured at home, farm, industry, public place (where?)
18. Funeral director Arks B. Layla & Son	Means of injury Injured at work?
Address Annapolis, M.	23. SIGNATURE Jawe (A Martin, M. & 1
19. May 26 19 47 Jegistrar	Address Junapole , Jad Date signed 5-24-47

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. MAY 28 1947

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PLEASE

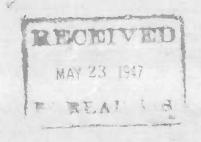
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DE	ATH: rundel			(For newborn infants give residence of mother)			
Crownsville, Maryland				State Maryland County Calvert			
City or town Crownsville, Karyland (If outside city or town limits, write RURAL and give nearest town)				City or town Dunkirk, Marylan	nd	**********	
How long in above place of death? 5 days			d+			est town)	
Hospital, Institution, or street address where death occurred:  Crownsville State Hospital, Crownsville, Md.			Crownsville, Md.	Street No. (If rural, give l			
How long in hospital o		day	3	2.(a) If veteran, name war		V	
3. (a) FULL NAM					3. (b) Social Security N	umber	
	nice Jones						
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Female	Negro	Ma	arried	20. DATE OF DEATH May 21, 1947	19.47	10:10 Am	
C (h) Name of husband	ar wife K	nsev	Jones	21. I CERTIFY that death occurred on the date above	e stated; that I altended deceas	ed from	
			(c) If alive, give ageyears	May 16 19.	47 to May 21,	1947	
7. Birth date of		-	. 1	and that I last saw h. er alive on May		19 47	
deceased (mo., day.		Days	If less than one day	Immediais cause al death		DURATION	
8. AGE: Year:	2	?	hrs. min.	Toxemia of Pregnancy			
	•	•			since	5 2-10-47	
9. Birthplace Unkr	OWN (Town, c	ounty, and	state)	Due to		***************************************	
10 Usual occupation.			•••••	Oue to.			
11. Industry or busines				Oue to	***************************************	***************************************	
		•		Other conditions Toxic Psychos:	is Known	to us	
12. Name?	,			(11)	aince	5-16-47	
				(Include pregnancy within 3 m			
	?		***************************************	Major findings of aperations			
15. Birthplace	?						
			ownsville State	Autapsy results	ich death should he charged st	atistically.	
Address Hos	pital, Crow	nsvil	le, Maryland	22. VIOLENCE: If death was due to external cause			
	wind	Date the	reof may 4 47	Accident, suicide, or homicide			
	n, or removal. Which?)						
Cemetery or crematory mt Hope			The second second	Where did Injury occur?(City or town)			
Location	aluest	, 0		Injured at home, farm, Industry, public place (wh			
18. Funeral director	18 Funeral director Pinkney & Lewell			Means of Injury	Injured at work?		
Address	Pro	Lee	Friderick Y	nd Juent-Mon	wenten n	4.4)	
7/4	1	0	7 la Local	23. SIGNATURE CLEAN PORT	M. D. or	other	
19. (Date rec'd by r	egistrsr)	. 4.	Registrar	Address	Oate signed		



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1866

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 2/

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland county Ann Arundel  Cily or town Waterberry, Rural (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) It veteran, name war.  3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male   Colored   Married	20, DATE OF DEATH 2003 24 19.47 21.11:40 PM
6.(b) Name of husband or wife Elizabeth Jones  6.(c) It alive, give age years  7. Birth date of deceased (mo., day, yr.)  Dec. 9, 1909	21. I CERTIFY that death occurres on the date above stated; that I attended deceased from  19. 4.7. to 19. 4.7.  and that I last saw h. 4.7. alive on 2.4.  Immedia Case of death.  DURATION
8. AGE: Years Months Days If less than one day 37 5 17hrsmin.	Justine of Five
S. Birthplace Rutland. Md. A.A.Co.  (Town, county, and state)  10. Usual occupation. Laborer  11. Industry or business  12. Name James Jones  13. Birthplace A.A.Co. Md.	Due to
14. Malden name Anna Snowden 15. Birthplace A.A.Co. Md.	Major findings of operations.  Date of op.
16. Informant James Jones Address Crownsville, Md.	Antopsy results
Burial Burial Date thereof May 25, 1947 (Burial, cremation, or removal, Which?) (month) (day) (year)  Cemetery or crematory John Wesley Cemetery	22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Location Weterberry, Md.	Injured at home, farm, Industry, public place (where?)  Means of Injury Cruck & Crue Injured at work? 4 S
18. Funeral director Mrs. Annie A. Johnson  Address Annapolis, Md.  19. May 28 19 47 Registrar  (Date rec'd by registrar)  Registrar	23. SIGNATURE Auch fligh Medical Gamese  M. D. or offer  Address Cas yout rel Date signed 3/24/47

MAY 29 1947
DUREAU V B.

VS A15

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

03627

/.			CERTIFICAT	E OF DEA	TH		Reg. Dist. No	23
(If or How long in above place Hospital, Institution, or How long in hospital or	Arundel rley Parl atside city or town lin of death? street address where d	nite, write RURAL 17 Year eath occurred:	and give nearest town)	City or townMarl	and ey Par l stilde city or tow Annap (If rurs	County.  K ( G n limits, w	Anne Arun len Burnie lite RURAL snd give near Blvd.	Md. PO
3. (a) FULL NAME		Annia Ta	rdon				3. (b) Social Security I None	lumber
4. Sex	5. Color or race		ed, widowed, or divorced				TIFICATION	10 000
6.(b) Name of husband	white Jabe:	z Jardar	ried  L 48 years	21. I CERTIFY that deat	th occurred on the (	date above s	tated; that I attended decea	sed from
7. Birth date of deceased (mo., day, yr 8. AGE: Years 4.7	Septem Months 8	Days Itl	899 ess than one dayhrsmin.	Immediate cause of de	ath CFRE	FBRA	RHAGE	DURATION
9. Birthplace	House ke Own H Villiam H	eper ome		Due to	VKNO W	N	HYPERTENSO, 102 0 MPENSOTED	
	Unknow Unknow	n.		Major findings of oper	****************	ithin 8 mon	Date of op.	
Address Marl	or removal. Which?)	( Glen I	Burnie, Md.) May 30, 1947 (month) (day) (year)	Autopsy results	anderline the caus ath was due to extended to extended the cause and cide	ernal causes,	death should be charged a tilt in the tollowing;	
Location			e, Md.		Industry, public p	lace (where	?)	
18. Funeral director		Singlet Burnie		Means of Injury	Henry	73	Injured at work?	no
19. Date ree'd by reg	2 9 19 4 7 ristrar)	m	Rase Cultra Registrar	23. SIGNATURE	n Burn	ie,	M. D. o	T/29/97

JUN 3 1947

UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING important.

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CERTIFICATE OF	F DEATH
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1. PLACE OF D	EATH: Arundel		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
OURITY	************	Marvland	state Maryland county Anne Arundel	
How long in above pla	or street address where d	Maryland hits, write RURAL and give nearest town) rs. & mos. 19 days eath occurred: spital, Crownsville, Md. rs. & mos. 19 days	City or town Pasadena,  (If outside city or town limits, write RURAL and give nearest  Box 35  Street No. (If rural, give LOCATION)  2.(a) It veteran, name war.	
3. (a) FULL NAI			3. (b) Social Security Nur	ober
Kai	ne - George			
4. Sei Male	5. Color or race Negro	5.(a)Single, married, widowed, or divorced  Married	MEDICAL CERTIFICATION  20. DATE DF DEATHMay3	4:35A.N
6.(b) Name of husbar	or wifeUnkr	own	21. I CERTIFY that death occurred on the date above stated; that I attended deceased August 14 1944 10 May 3	from
deceased (mo., day	r, yr.) ? 16 (		and that I last saw h. im alive on May 3	DURATION
8. AGE: Yes	tely ?	Pays If less than one day ?	Known since	to us
	TO THE REAL PROPERTY OF THE PERSON OF THE PE	ounty, and atate)	Due to	
tD. Usual occupation	ess		Due to	
12. Name J.	erry Kane Maryland	····	Other conditions	
	Hester Di	xon	(Include pregnancy within 3 months of death)  Major findings of operations	
16. Informant HQ.	spital Recor	da, Crownsville State	Antopsy results	
17. Buric	on, or removal, Which?)	Date Ihereot (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide	
		Cemetery	Where did Injury occur?	
Location Crownsville, Earyland			Injured at home, tarm, Industry, public place (where?)	4
18. Funeral director. Uph Hospital Address			Touch Marinal For	1.0
19. Men	registrar)	E. Tory Lova Registrar	25. SIGNATURE M. D. Sro Address Date signed 5:	/

MAY 9 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. An is especially important. Physicians: please write the causes of death clearly and legis

### VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

### 163.H 03620

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME John Joseph Kenn	3. (b) Social Security Number
4. Sex 5. Color of race 6.(d) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. to 19.  and that I last saw h alive on 19.
8. AGE: Years Months Days If less than one day 4666 Months Days If less than one day 4676 Months Days If less than one day 4676 Months	Immediate cause of death DURATION  Cartery personny failure  Due to Carrary Thombonis
11. Industry or business U-S. Naval acadymy  ##################################	Due to.  West Symbolitism of Illuminating glan  Bither conditions Carelan of Landing manths of death)  Major findings of operations.
Address 89 flyewight of american  11. Ohne (Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide the state of th
Location	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  Page (where?)  Ritching M.D. or other 2.

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MAY 17 1947

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine or

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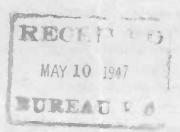
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### 03630

### CERTIFICATE OF DEATH

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
CountyAnne. Aru	ndel		••••••	State Maryland County Washing	ton Co.
City or town. Crown aville Wary land World RURAL and give nearest town)  How long in above place of death?				Hagerstown	
				City or town. (If outside city or town limits, write RURAL and Street No. 422 North Jonathan St.	give nearest town)
Crownsville	State Ho	spital	Crownsville, Md.	(If rural, give LOCATION)	
How long in hospital or insti	iulion? 1 mc	onth 18	days	2.(a) II veteran, name war	
3. (a) FULL NAME				3. (b) Social Se	curity Number
Clarence A	. Lewis				
	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	N
Male	Negro	Marr	ied	2D. DATE OF DEATH May 8 19	47
	Books	oi oo Te	and a	21. I CERTIFY that death occurred on the date above stated; that I attem	
			ewis	1910	
7 Dirth date of		6.(c	) If alive, give ageyears	and that I last saw halive on	
deceased (mo., day, yr.)	3 1907			Immediate cause of death General Paresis	
8. AGE: Years	Months	Days	Il less than one day		nown to us
45	?	?	hrsmln.		ince 3-20-47
a Richaldea Cana	ada			Due to.	
J. Biringiace	(Town,	county, and s	tate)		
1D. Usual occupation	Barber		÷	Due to.	
11. Industry or business					
当 12. Name Cのので	a Levis	**********		Diher conditions	
13. Birthplace	7				
<b>5</b>	Eleia ?			(Include pregnancy within 3 months of death)	
14. Malden name	9	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••	Major findings of operations.	
15. Birthplace				Date of o	p
16. Informant Hospi	tal Reco	rds Cr	ownsville State	Antopsy results	-hand statistically
			le, Maryland		
			of Bureal	22. VIOLENCE: Il death was due to external causes, Illl in the loilowing	
(Burial, demation, or	(moval, Which?)	Date mere	(month) (day) (year)	Accident, suicide, or homicide	ol
Cemetery or crematory	operly	- 0	melos	Where did injury occur?(City or town) (County)	(State)
Location	agoss	town	and!	Injured at home, farm, Industry, public place (where?)	••••••
511	.01.	VD	new John R Water	Mssns of Injury Injured at wo	rk?
18. Funeral director.	- , , ,	2 14 1		0 (1)	2.
Address 29/ 2	edench	W.71	agustown Md,	23, SIGNATURE Dest Vivreguester	y 14.
19. May 8	1947		2-4,00046		M. D. or other
(Date rec'd by registr	ar)		Registrar	Addres Date	signed



2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Caunty A. A. Co.	1
City or town. Glen Burnie (If outside city or town limits, write RURAL and give nearest town)	State Md. County A. A. CO.
	City or town Wich Dulining
How long in above place of death?	Street No. Greenway
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM CRAIG LOR.	D
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH. MAY 22 1847, 21/2:45P
6.(b) Name of husband or wife Emma Woodfall Lord	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	MARCH 1946 10 MAY 1947
7. Birth date of deceased (me., day, yr.) Sept. 23, 1877	and that I last saw h. J. My all ve on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death ACVTE CARDIA C DURATION
69 7 29hrs	I. LAILURE
03	Due to. ARTER 103 CE ROSIS
9. Birthplace. Washington, D. C. (Town, county, and state)	Due to ALTERIOSCE ROSIS
10. Usual occupation Retired	
tt. Industry or business	Due to
Henry E. Lord	Att. C. Allins
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Alice Hughes	Major fiadings of operations
2 15. Birthplace Tenn.	Date of op
14. Maiden name Mary Alice Hughes 15. Birthplace Tenn.  16. informant Mrs. Emma Lord	Antopsy results
Address Greenway, Glen Burnie	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial (Burial, cremation, or removal. Which?)  Bate thereef. 5/24/47 (month) (day) (year)	Accident, suicide, or hemicide,
Cemetery or crematory	Where did injury eccur?
Lecalion Woodlalwn, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. WM. J. TICKNER & SONS	Means of Injury Injured at work?
Address / Balto. Md.	7/200 7 200000 200 1
19. (Date rec'd by refistrar)  19. Registr	23. SIGNATURE Denny 7 Parisman, M. D. or other
19. (Date rec'd by registrar) Registr	ar Address blen Burnie Date signed 5/22/47

MARGIN RESERVED FOR BINDING

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly. A15

## VS A15 9.45.15M (I) PLEASE WRITE PLAINLY, WITH

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-6

### CERTIFICATE OF DEATH

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leg.	Diat	No. 4 B

						*	
1. PLACE OF DEATH:				2. USUAL RESID	ENCE (HOME) 0	F DECEASED:	
County				M	nfants give residence of	A.A. Co.	
City or town				a contract of	er 5 .	inty	
				City or town(If o	Glen Burnie	3 s, write RURAL and give ne	areat town)
Hospital, institution, or s	treet address where	death occurre	d:			Ave.	
204 Second Ave.				(If rural, give LOCATION)			
	nstitution?		······································	2.(a) tt veteran, name	war		
3. (a) FULL NAME						3. (b) Social Security	Number
			rles Webster Macke	У		None	
Male	5. Color or race White	6.(a)Sing	e, married, widowed, or divorced Single	2D. DATE DE DEATH	May 25	ERTIFICATION 47	3;15 <sub>A</sub>
241	18.					ove stated; that I affended dece	
			<b></b>	010 No	T ATTENON	14107 to	19
7. Birth date ot	-		c) It alive, give ageyears	and that I last saw h.A.	121 alive on 17	9725	18 F.Z
deceased (mo., day, yr.			28, 1970	Immediais cause of d	eath PULMONI	PRY EDEMA	
8. AGE: Years 76	Months 8	Days 27			***************************************	/	ONE HR
70			hrs min.			C	
9. Birthplace	Maryla	nd	state)	Due to ACUTE	CARDIAC	PAILURE	TWO NR.
an or to the latest			n (Retired)			00.4 1/40-1108	***************************************
1D. Usuat occupation		.IIIIII.		Due to/4.Y/FER	2 -NAL	PISEASE	
	Samue	1 W. M	ackey	Diber conditions	UNKNOW	j	UNKNOWN
12. Name Samuel W. Mackey Maryland			other conditions			***************************************	
	0 ,	-	tley	(Inch	ude pregnancy within 8 :	months of death)	
14. Maiden name		ryland		Major findings of ope	ratious		
						Date ot op	
			S			bich death should be charged	
Address 20	4 2nd Ave	. S.W.	Glenburnie, Md.				- Contract of the contract of
17. Burial		. Date ther	eof. 5/27.47 (month) (day) (year)		ath was due fo external cau	Date of	
Cemetery or crematory	Lorrair	ie		madre usu injury occur	(City or town)	(County)	(State)
Location	Woodlav	m, Md.		Injured at home, farm,	Industry, public place (w	here?)	***************************************
18. Funeral director	Wm. J. I	ickner	& Sons	Means of Injury	,	Injured at work?	
Address	North &				76 . 7:	2	n 0.
			41	23. SIGNATURE	jenny t.	yangara M. D.	or other
19. may	27 19 4	7 9	W Toedenh	Dlen	B		May 25,194

PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9400

### CERTIFICATE OF DEATH

03633<sub>2/</sub>

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounty Clame (brundel)	(For newborn infants give residence of mother)
Yan is the blank	State May Con a County Come China
(If outside city or town limits, write RURAL and yee nearest town)	the the Healt
jow long In above place of death?	(If outside city or town limits, write RURAL and give placest town)
lospital, institution, or street address where death occurred:	
Sopries, Highlight of Chief Education	Street No.
	(lf rural, give LOCATION)
low long In hospital or Institution?	2.(a) It veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
Frank Unlos	a Marke
1. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	mare 14 " Th
77000	20. DATE DF DEATH May 4 19.47 at 5 A
5. (b) Name of husband or wife Nesley S. Marsh	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
(O) Name of Bashano of Augustina and Augustina and Augustina	march 19 46 10 May 14 19 4)
Birth date of	and that I last saw h in allve on May 14 ( 19 K)
deceased (mo., day, yr.) + ely 17 = 1878	
	Impediate cause of death
AGE:	Colonary Thimboro 2 day
69 2 27hrs.	nin.
17. T. 1/2	att Takes in the few
Birthplace	Due to
17 de la Cardatata	••••
D. Usual occupation	Due to.
1. Industry or business of CE Od Complete n	augitis
	Thronks Archa 7 40cm
12. Name Design Markle	Dther conditions
	Ovurra-
14. Maiden name Francis Smith  15. Birthplace Stanton Va	Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
15. Birthplace danton Va	Date of op.
m. Heater & marker	
6. Informant	Autopsy results
Address Vauxton Helalito a a 4 ma	
(2) 1 may 17/94	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?)  Die thereot	Accident, suicide, or homicide
Course, cremation, or remove, training of the second control (seat)	Where did Injury occur?
Cemetery or semetory Sauce Courte	Where did injury occur?
Charackelin md	Injured at home, farm, Industry, public place (where?)
Location	
8. Funeral director July 14. Vayer & an	Means of Injury Injured al work?
11 ( ) 1.0° Om	V B D
Address Image 10	23 SIGNATURE Tearge C part
May 16 47 Troop many	M, D, or other
19 T	Tal Address Questions my Date signed 5-15.



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### MARYLAND STATE DEPARTMENT OF HEALTH

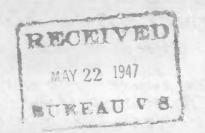
2411 N. Charles St., Baltimore

9400

03634

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: anno Comments	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newbord plants give residence of mother)
County County County	(h)
City or town	State County
How long in above place of death? 724x5	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rurel, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Violetta Rogers Marshall 4. Sax 5. Color or race 18.(a) Single, married, widowed, or divorced	11 Nonet
	MEDICAL CERTIFICATION
F. W.	20, DATE OF DEATH MAY 18 1047, at / 3: 57.11
8. (b) Name of husband or wife James Morris Marsle	
	Tur 10 10 47, 10 Paloy 18 10 47
7. Birth date of	and that I last saw here alive on about 10 4 2
deceased (mo., day, yr.) DCC 4 1814	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Comming thembrus
72 3 /4hrsmin.	
8. Birthplace Ded/e/AA.Comd.	Oue to lay perlensin
10 Usual occupation Housewise	<u></u>
	Due to
11. Industry or business	
E 12. Name P/xxxuder Rogers	Dther conditions
13. Birthplace FRIENdShip A.A. Co. Md.	(Include pregnancy within 3 months of death)
E 14. Maiden name VIOLEHZ Webster	Major fiediogs of operations.
15. Birthplace New York City	Date of op.
18 Informant W. PERCY MARSHALL	Actopsy results
Address DEALE, MD.	PHYStCIAN: Please coderline the caose to which death should be charged statistically.
16	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Deale, and	injured at home, farm, industry, public place (where?)
Continue To A Translation	Means of Injury Injured at work?
18. Funeral director.	4 4 . 0
Address Salunelle My	23 SIGNATURE Lines H. helen mo
1. May 20 1. HT Dent	M. D. or other
(Date red d by registrar) Registrar	Address Addless Date signed /19/47



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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

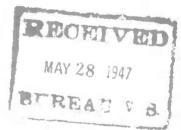
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### 03635

### CERTIFICATE OF DEATH

Reg. Dist. No. 2I

City or fownO.1.	Arundel Annapol foutside city of town I foutside city of town I for of death?30 or street address where	mits, write H yrs. death occurren	URAL and give nearest town)	Street No. Old Annapolis Blvd.			
5. (a) FULL NA		IA MA	TTHEWS	S. (0) Social Secur	ity Number		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION			
f.	col.	VV	idow	2D. DATE DF DEATH May 25 19 4	7 at		
	nd or wife. unkn		c) tf allve, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended Oct. 19, 43 May	25 19 47		
deceased (mo., day		?	I867	Immediate cause of death	DURATION		
o. Add.	ars   Months	Days	it less than one dayhrs,min.	Probable coronary occlusion	sudden		
9. Birthplace	housev	eounty, and	Va.	Due to Arteriosclerosis Due to	indefin		
12. Name	unkno	*****************		Other conditions Hypertension			
<b>«</b>	ne			(Include pregnancy within 3 months of death)  Major findings of operations			
				Autopsy results			
17Bu (Burial, cremati	A. A. C	alvary Johns		Whers did injury occur?	(State)  D. or other		



PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9401

03636

### CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: A.A.				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County			***************************************	State Maryland County A.A.	
City or town	Riva.		JRAL and give nearest town)	Riva County	
				City or town	
How long in above place	of death?	ionths	***************************************	(If outside city or town limits, write KUKAL and give neare	it town)
Hospital, Institution, or	street address where	death occurred:		Street Ho.	
			•••••••••••••••••••••••••••••	(If rural, give LOCATION)	
How long in hospital or	Institution?		······································	2.(a) If veteran, name war.	
3. (a) FULL NAME				3. (b) Social Security No	ımber
	Samie	A. ME	yhew. Sr		
4. Sex	5. Color or race		married, widowed, or divorced	MEDICAL CERTIFICATION	
					an
M	M	Mai	ried	20. DATE OF DEATH Man 14 19 19 19	
	Cor	otmide.	Marrhey	21. I CERTIFY that death occurred on the date above stated; that Lattended decease	
6.(b) Name of husband	or wife	or ude	116.7110.8	May 12 1847 to may	6 19 UZ
***************************************		6.(c)	If alive, give age	and that I last saw h. Longalive on	10/15
7. Birth date of deceased (mo., day, y	Asser 1	24 1894		and that I last saw m. Jersey 2017e on	
		Days	If less than one day	Immediate cause of death	DURATION
8. AGE: Years	9	22			FC -/
		1		Carried Mindres	y-along
9 Rirthniace	A.A.Coun	ty	ate)	Due to.	
5. pittipiave	(Town	, county, and at	tate)		***************************************
10. Usual occupation	Plumber	***************************************		Due to	
11. Industry or busines				Duc to	
		Marrheu		Bit	
				Other conditions	
	A.A. Cou			(Include pregnancy within 3 months of death)	
14. Maiden name.  15. Birthplace	Marga	ret C.	Greenwell		
6	۸ ۸ ۱	Counter		Major findings of operations	
≥ 15. Birthplace	H.H.	Journ Cy			
16. Informant	Gertrude	Maynew		Antopsy results	**-** th
ll urr	va. Maryl	and		PHYSICIAN: Please underline the caose to which death should be charged at	atisticany.
Mudiess				22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Buri	al	Date there	of May 20 1917 (month) (day) (year)	Accident, suicide, or homicide	,
(Burial, cremation	or removal. Which	Marys	(month) (day) (year)		
Cemetery or cremato	гу			Where did Injury occur?	
Inestina	Annapolis	. Md.		Injured at home, farm, Industry, public place (where?)	
III.				Meens of Injury Injured at work?	
1B. Funeral director	B.L.Ho	pping &	Son	0 - 1.0	0
Address	Ammapolis	. Maryl	and	23. SIGNATUREM. F. Klawans In	-()
	10 115	7	The Town	23. SIGNATURE. M. D. or	other 1
19 1 ay	17 19 4		11 - 1.5 mus	Address 3/ South Cut Und Date signed.	116/16
(Date rec'd by re	gistrar)		Registrar	Address Date signed	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

o Date in Ton	Reg. Diat. No.
1 PLACE OF DEATH: County Crydel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or 10wn	State Baryland country anne armall
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred these	Street No. 16 Action Clace (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
3.(a) FULL NAME Howard MER	3. (b) Social Security Number
4. Sex 5. Color or rage - 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. MEG 31 19.47 21 452 MM
They Margret in Corne	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Tucy 29 1847 10 Mey 31 1847
7. Birth date of 7. Sirth date of 7. Sir	and that I last saw h
deceased (mo., day, yr.)  R ACF. Years   months   Days   it less than one day	Immediate cause of death
8. AGE: Years Months V Days It less than one day	Corollador Justones 48417
261. + 100	
9. Birthplace	Due to Attended Agents Teller
10. Usual occupation Troffusor at U.S. N. A.	
	Due to
11. Industry or business	-
12. Name alwayder to the Cornice 13. Birthplace Washington D.C.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Isafella fourard  15. Birthplace Washington, D. C.	Major fiediegs of operations.
15. Birthplace	Date of op
16. Informant 1910.	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
Address 16 actor Tlace	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Date thereof 6-2-4)	Accident, suicide, or homicide
(Burial, cremation, or removal, Witch?)  Date thereot	
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Muappus + Hay	Injured at home, farm, Industry, public place (where?)
18. Funeral director John By Layfor L. Son	Means of Injury Injured at work?
Address Omnapolis Ho	Oliva Puraco
19. June 2, 18 47 /	SIGNATURE M. D. or other
(bate rec'd by registraf)	Address Shall have been been been been been been been be

JUN 5 1947

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

ARTMENT OF HEALTH	03638
St., Baltimore	
E OF DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:
state Maryland	County
City or town Baltimore (If outside city or town li	emits, write RURAL and give nearest town)
Streel No.	,
	give LOCATION)
2.(a) if veteran, name war	——————————————————————————————————————
	3. (b) Social Security Number
MEDICAL	CERTIFICATION
20, DATE OF DEATH May 20,	19 48 al 10:00 F
21. I CERTIFY that death occurred on the date May 3	e above stated; that I altended deceased from
and that I last saw hImalive on Ma	y 20 19.47
Immediate cause of death	DURATION

..... Oale signed .... 5-21-47.....

Hospital, Institution, or street address where death occurred:				Street No	?
rownsville State Hospital, Crownsville, Md.  How long in hospital or institution? 17 days			•	(If rural, give LOCATION	
		days		2.(a) If veter	ran, name war
3. (a) FULL NAM					3. (b) S
088	sie Miller				
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	11	MEDICAL CERTIFIC
Male	Negro	U	nknown	20, OATE OF	DEATH May 20,
6.(b) Name of husband	d or wife				That death occurred on the date above stated; Ih
7. Sirth date of deceased (mo., day,		690	(c) If alive, give agey		st saw h
8. AGE:57 Yea	rs   Months	Days	If less than one day	Chro	onic Intestitial Pneum
Approximat	ely ?	?	hrsn	1in.	
	?	county, and	state)	Due 10	
置 12. Name				Other condition	ons General Paresis
	2				(Include pregnancy within 3 months of de
14. Maiden name 15. Birthplace	?			Major findin	gs of operations.
			ownsville State	Aotupsy rest PHYSICIAN	alts : Please underline the cause to which death sh
		nsvill	e, Maryland	22. VIOLEN	CE: If death was due to external causes, flil in th
17. Our	on, or removal. Which	Date the	reof (month) (day) (year)	Accident, sul	cide, or homicide
Cemetery or oroma		elie			jury occur?(City or town) (
Cemetery or srema		rlle	. Tue		
Location					me, farm, Industry, public place (where?)
18. Funeral director.	supt.	scrift		Msans of Inju	
Address	rown	rue	e p	23. SIGNATU	RE Jacob Mery
19 (Date rec'd by r	egistrar) 19 H	ξ.	7. Joyce Loca Regist	2	ownsville, Maryland
			1/		

Crownsville, Maryland
(If outside city or town limits, write RURAL and give nearest town)

-	MEDICA	L CERTIF	ICATION	
	May 20		19. 48 , 21	10.00
May 3	death occurred on the	date above stated;	May 20	d from
end that I last saw	h 1 malive on M	ay 20		1947
mmediaie cause	of death			DURATION
Chroni	c Intestit	ial Pneu	monia Knor	m to u
			since	5-3-47
Due 10	********************************			
			.,	
lue le				
/46 14	***************************************			
onditions	General P	aresis	Known	to us
itner conditions				5-3-47
(	Include pregnancy w	ithin 8 months of	death)	7-7-41
Major findings of	operations		•••••	
			Dale of op	
			should he charged sta	tistically.
2 VIOLENCE	if death was due to exte	ernal causes, flit in	the following:	
			Date of	
mnere ala injury i	occur?(City or	town)	(County)	State)
njured at home, f	arm, Industry, public p	lace (where?)		
Msans of Injury			Injured at work?	
	) (	10	7	1.
(	\ //	YIA		Mr.
23. SIGNATURE.	DARKE	Men	eux ru	- 111

ADING INK. Supply every i Physicians: please write the MARGIN RESERVED WITH UNF PLAINLY, vis especially WRITE

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information carefully of death clearly and

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FOR

1. PLACE OF DEATH:
Anne Arundel

How long in above place of death? 17 days

JUN 4 1947

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

- A	Nog. Diate 110
1. PLACE OF CEATHER APPLIES AND	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	(Eon newborn infants give residence of mother)
(If outside city or town lights, write RURAL and give nearest town)	State Religious County Wingsmith
	(If outside city or town) (If outside city or town)
How long in above place of death?	12 411 Corkingo, W.A
Amapolis auggener Hoopeter.	Street No.
How tong in hospital or institution? A Mucholica-Hospital 11 2	2.(a) the veteran, name war. World War Th
3.(a) FULL NAME	
Willan Street B	Montune Montune 3. (b) Social Security Number
Truste your	The land and the l
4. Sex 5. Color or race 8.(a) Single, marked, widowid, or divorced	MEDICAL CERTIFICATION
male white single	20 BATE DE DEATH May 20 10 47 16 A. W
	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that content of the c
	Portmertans Oxiamination 10
7. Birth date of deceased (mo., day, yr.)	Hibrida 20 19.47
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
21	
W- 10 T Shirt	<u></u>
9. Birthplace Washing ton D. C.	Due to Stoken nech
(Towns county, and atate)	
10. Usual occupation.	Due to Chetomobile Collesion
11. Industry or business Student	
12. Name 7. 6. Montauri	Other conditions
12. Name +, &, Mon Fouri 13. Birthplace Reus Jersey U. S.A.	
	(Include pregnancy within 3 months of death)
14. Malden namo Mosella Kendall  15. Birthpiace Navling ton D. 6.	Major findings of operations.
2 15. Birthplace Washing Fm D. 6.	Date of op.
16, Informant 7, 6. Mon Yours	Autonsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1244 Rockville Pike, Nockville, Md	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or removal, Which?)  Date thereof (month) (day) (yeur)	Accident, suicide, or homicide. accident Oate of 3/19/47
	Where did injury occur? Edgewater P. A. Maryland
Cemetery or crematory	(City/or town) (County) (Staty)
Location	Injured et home, farm, ipdustry, public plage (where?)
18 Funeral director W. P. W. malerey	Means of Injury ageto _ Col leseon Injured at work? No _ T
	10 m Co se no weary
Address Address	23. SIGNATURE Day M. Caspy M. D. Scenaries
"May 20 "47 11 - Torrue	M. D. or other
(Date rec'd by registrar)  Registrar	Address Authoris, IId. Date signed 5/20/47

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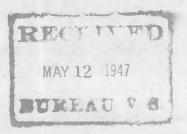
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PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: Anne Arundel State Maryland County Crownsville, Maryland
(If outside city or town limits, write RURAL and give nearest town) City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? \_\_\_\_\_\_\_ 2 months 13 days Hospital, Institution, or street address where death occurred: 592 Baker Street Crownwille State Hospital Crownsville Md. (If rural, give LOCATION) 2 months 13 days How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number Pearl Moody 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 4 Sex Married Female Negro 20. DATE OF DEATH MAY 8 19 47 at 1:15 A m 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from James Moody 6.(b) Name of husband or wife...... February 25 6.(c) It alive, give age ...... and that I last saw h ... er alive on May 7 7 Right date of General Paresis deceased (mo., day, yr.) Known to us It less than one day Months Days 8. AGE: 44 Known to us Maryland 9. Birthplace... since 2-25-47 (Town, county, and state) 10. Usual occupation ... Domestic 11. Industry or business 12. Name .... 13. Birtholace (Include pregnancy within 3 months of death) 14. Maiden name Major findings of operations..... 15. Birthplace 16. Informant Hospital Records, Crownsville State PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Hospital, Crownsville, Maryland 22. VIOLENCE: It death was due to external causes, till in the tollowing: Date thereot... Accident, suicide, or homicide,..... (Burial cremation, or removal, Which?) (month) (day) (year) Where did Injury occur? ...... (City or town) Injured at home, farm, Industry, public place (where?) ..... · Injured at work? Means of Injury Address Crownsville



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1. PLACE OF DEATH:

3. (a) FULL NAME

7. Birth date of deceased (mo., day, yr.)

1D. Usual occupation....
11. Industry or business

13. Birthplace

14. Maiden na 15. Birthplace

Address

(Burial, ecema

18. Funeral director.

Address

Cemetery or eremater

(Date rec'd by registrar)

8. AGE:

How long in hospital or institution?.....

Months

(Town, county, and state)

### MARYLAND STATE DEPARTMENT OF HEALTH RE

2411 N. Charles St., Baltimore

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Reg. Diat. No.

and give nearest town)	City or town	mother)  uely	rest town)
9. Nichol	non	3. (b) Social Security 1	Vumber
widowad as diversal	7070		
in widowed, or divorced	20. DATE DE DEATH May 2	ERTIFICATION	, a1
give ageyears	21. I CERTIFY that death occurred on the date ab	11/ 70/1/10	sed from 47
, give ageyears	and that I last saw h	20 /12	19.1.
ss than one day	Immediate cause of deaths	umbree	DURATION
hrsmin.	-1		
	Due to Whyselfor	3	swedyn.
Hice	Due to Moderale 1/1	ylemon	192
Lolson	Dither conditions		
ugtou	(Include pregnancy within 3		
· md.	Major findings of operations		
ed ax	Autopsy results		statistically.
5/28/47	22. VIOLENCE: If death was due to external ca		
(month) (day) (year)	Accident, suicide, or homicide		,
2011	Where did injury occur?(City or town)		(State)
ma.	Injured at home, farm, Industry, public place (w Meens of Injury	vnere?)tnjured atpyrijrk?	
ST.	In to the second	2 Tomir	mp
). Hedrick	23. SIGNATURE TO COLOR	DI M. D.	or other
Registrar	Address JOL 3 / MCGL	Date signed	- 0071

### CERTIFICATE OF DEATH

### MARYLAND STATE DEPARTMENT OF HEALTH

45%

2411 N. Charles St., Baltimore

	Reg. Dist. No.
County Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give resident of mother) Slate County
How long in above place of death?	(If outside city or Jwn limits, write RURAL and give nearest town)
How long in hospital or Institution?	(If rural, give LOCATION)  2.(a) If vetoran, namo war
3. (a) FULL NAME	4. Paine 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, of the sex	or divorced  MEDICAL CERTIFICATION  20. DATE OF DEATH.  May, 16. 18.47. 21. 32.456
8,(ò) Namo of husband or wife	21. I CERTALY that doath occurred on the dato above stated; that lattended deceased from
7. Birth date of deceased (mo., day, yr.) F.B. 19 18 8 8. AGE: Years   Monihs   Days   If loss than one	and that I last saw h 2000 alive on 19.4 DURATION DURATION
66 2 27hrs.	Due 10. Due 10.
9. Birlhplace	2 Chr. myrewelltis continoder yes
11. Industry or business 12. Namo	Dthor conditions.
14. Maidon namo Walish Bac	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Mrs Came & Curay	Autopsy results.
Address 129 Smith and ange	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
17	(day) (year) Accident, suicide, or homicide
Comolery or cromatory	Where did injury occur?
18. Funeral director	Means of Injury Injured at work?
"May 19 ,47	23. SIGNATURE M. M. D. or other  Registrar Addross. 31 South Cat Ca Dato signed 5/18/4-

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physiciens: please write the causes of death clearly and l

WRITE

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WITH UNFADING INK. Supply every item of information carefully. The comportant. Physicians: please write the causes of death clearly and legibly.

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MARYLAND	STATE	DEPARTMEN	T OF	HEALT
		andas St. Raltin		00

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (b) Drewborn in ants give esidence of mother)  State.  City or town.  (If outside city or Coop limits, write RUEAL and give nearest town)  Street No.  (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If xeteran, name war
3.(a) FULL NAME William Edward	1 2/4 10-5/-0
7. Sex S. Color or race 8. (a) Single, married, widowed, or divorced by dorse	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  Nay 31  19. 47. 21. 2 P. N.
6.(b) Name of husband or wife Manuel Manuel Maurel Figure 2 (C) If alive, give age years	21. I CERTIFY that death occurred on the fate above states. Medical and discount from the fate above states. And animals 15.  28. The least saught a sline on the fate above states. May 31, 19.47.
deceased (mo., yay, yr.) Man 1 80  8. AGE: Years Months Days It less than one day  2 0	Immediais cause of death
9. Birthpiace Dalturose Maryland Me (Toyn, county, and tate)  Me Corrupt Ka Spin Co	Due to. Musearditis mutuam
11. Industry or business Restriction	Due to.
12. Name 12. Name 13. Birthplace 13. Birthplace 14.	Other conditions
14. Malden name Frances Coellins  15. Birthplace	Major findings of operations
16. Informant Master E. Rusky JA.  Address 13 14 Endow Still	Autopsy results
17. Burial, cremation, or removal. Which?) Date thereof. (month) (day) (remation)	22, VIOLENCE: tf death was due fo external causes, fill in the tollowing;  Accidenf, suicide, or homicide

Cemetery or crematory

18. Funeral director Address 19. (Date rec'd by registrar)

23. SIGNATURE

Means of Injury

Registrar Address....

injured at home, farm podustry, public place (where?)

(City or town)

Injured at work?

(State)

(County)

PLAINLY, WITH UNFABING INK. Supply every item of information carefully. The cisecially important Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

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### CERTIFICATE OF DEATH

Dist No 2/

How long in above place Hospital, Institution, or 1028  Kow long in hospitat o	of death?	death occurred		2. USUAL RESIDENCE (HOMI (For pewborn in 1971s give resided  State Many Caud  City or town (If outside city or town  Street No. (If rural  2.(a) If veteran, name war.	County Pursue H	
3. (a) FULL NAM	E	ma	x Schi	ff	3. (b) Social Security	Number
4. Sex Male	5. Color or race	6.(a)Single	married, widowed, or divorced		Nay 11 1947	7°0
6.(b) Name of husband 7. Birth date of		5.(0	of alive, give age year	21. I CERTIFY that death occurred on the di	ate above stated; that I attended dec	eased from 19 47
deceased (mo., day,		Days	If less than one day	Immediate cause of death	•	
6	7 11	26	hrsml	Coronary	entelism	8 days
11. industry or busines	s p	.7		Due to	Aclarosis	mikaen
12. Name	Charles Hattida	/	K S K	Dther conditions		
14. Maiden name	- ( p /	19'60	4	(Include pregnancy wit		
16. Informant	12,1,14.1	-/-	La Distance La Comment	Actopsy results	to which death should be charged	l statistically.
	n, or removal, Which?	and 1	11210 12/18	22. VIOLENCE: If death was due to exter  Accident, suicide, or homicide  Where did injury occur?	Date of	
20	ory XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2.	L'	(City or t		
18. Funeral director	Bitail	+ spr/2	1198.2316	Means of Injury	injured at work?	
Address Q11	112 41 9	3 3	300	23. SIGNATURE TOM M	laffy M.D.	
19. May	2 19 47		A Registr	Address Annapolis.	M. D. Date signed	5/11/47

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MAY 13 1947

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PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County and and	
City or town	State M. G. Couoty Howard to
How long in above place of death? 2 20 sefe	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Maria M
	Street No
n a de la contra de la Maria de la Maria de la Contra de	2.(a) If veteran, name war
How long In hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Raymond Webster Scholdt	229-12-6/6/
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while married	20, DATE DE DEATH Way 2 4 5 147 147 19 30 F. M
4 110. 101 14	21. I CERTIFY that death occurred op the date above stated; that I attended decaysed from
6.(b) Name of husband or wife Justification & Chief all	CAA . H. Way of the
6.(c) tf alive, give ageyears	111 22 47
7. Birth date of 200 3 4 / C C 2	and that I last saw h Amalive on Way 43 19 T.
	Immediate cause of death
o. AGE:	Carcinona / Nr. Maney 6 mos.
64 11 24hrsmin.	<u> </u>
9. Birthpiaco Frederick County mayland	Dire to a 2 in La
9. Birthplace (Town, county, and state)	
10. Usuat occupation Cuttons Mill	Due to.
11. Industry or business	
12. Name 2 Samuel School	Tother conditions.
13. Birthplace Zuncknown.	(Include pregnoney within 3 months of death)
# 14. Maiden name Unferior	
	Major fiodiogs ol operations.
15. Birthplace	Date of op.
16. Informant John T & Childt	Autopsy resolts
04 001	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
Address and may	22. VIOLENCE: if death was due to external causes, fill in the following;
17. Burial, cremation, or removal. Which?)  Date thereof. May 27. 1947. (month) (day) (year)	Accident, suicide, or homicide
	Account, series, or assessment
Cemetery or crematory Sanage Clarete	Where did injury occur?
Location Savage mel.	Injured at home, farm, industry, public place (where?)
12:00	Means of Injury Injured at work?
18. Funeral director Read Glass Selling	The last by his
Address 401 Wash are danch by	23. SIGNATURE MANUSTUMENT MINISTER MINI
10 May 27 104) Dlara Hasluh	Sange Mil. 1. 5/12/47.
(Date rec'd by registrar)	Address. Date signed

JUL 21 1947
BURBAU V. B.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

### CERTIFICATE OF DEATH

Reg. Dist. No..

How long in above pla Hospital, institution,	aunders Ran f outside city or town f ce of death? or street address where	AF ARUADEV  RG. Larvland mits, write RURAL and give nearest town)  death occurred:	State	
How long in kospital or institution?			2.(a) It veteran, name war	
3. (a) FULL NAI	John Sch	mich	3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	.0
Male	White	Married	20. DATE OF DEATH. 19 4 7 at 75	PM
6.(b) Name of husband or wife			21. I CERLIFY that death occurred on the date above stred; that I attended deceased from  19. 47.  and that I last saw h 1222 alive on 7 any 8 19. 47.  Immediate cause of death. Outlerie selection OURATION	
8. AGE: Yea		Days It less than one dayhrsmin.	cardio Lascular disease	;
9. Birthplace	A ustria	county, and state)	Oue to	************
10. Usual occupation		3	Due to	
12. Name	Unknown		Other concilions	
14. Maiden nam	e Unknown			
16. Intermant	aria Hemme	S		
17Buria (Burial, crematic	on, or removal. Which?		22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide	
Location	Baltimore		Injured at home, farm, industry, public place (where?)	
18. Funeral director		Inc.	Means of Injury Injured at work?  23 SIGNATURE Harry Deilee In	10
19. May	10 19 4 F	1 Mesealla Registrar	23. SIGNATURE M. D. or other  Address 12 2 6 Handrer St. Date signed 579/	47

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### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (93-2) CERTIFICATE OF DEATH Reg. Dist. No .. 2. USUAL RESIDENCE (HOME) OF DECEASED Afants give residence of mother) (If outside city Hospital, institution, or street address where death occurr (If rural, give LOCATION) 3. (b) Social Security Number BINDING FOR deceased (mo., day, yr.) 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide..... LEASE WRITE (City or town) injured at home, fam, ind stry, public place (where?) ....... ured at work? Means of Injury

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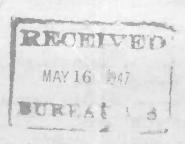
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

03646 Reg. Dist. No.

1. PLACE OF DEATH: Anne Arundel			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County			state Maryland County Anne Arundel
(I	f outside city or town l	imits, write RURAL and give nearest too	City or town. Annapolis (If outside city or town limits, write RURAL and give nearest town)
Hannikai Inntitution	or otenat address where	death occurred.	SU I'DOPIAG ST. PARL
Hospital, Institution, or street address where death occurred:  Crownsville State Hospital, Crownsville, Md.			(If rural, give LOCATION)
		rs. 7 mos. 17 days	2.(a) If veteran, name war
3. (a) FULL NA	ME		3. (b) Social Security Number
Richa	rd Sharps		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	Negro	Married	2D. DATE OF DEATH May 13 19.47 21 6:00 P.
6.(6) Name of husband or wife			21. I CERTIFY that death occurred on the date above stated; that I affended deceased from September 29 19. 26 10. May 13 19. 47.
7. Birth date of	••••••		and that I last saw h. im. alive on May 13
deceased (mo., da			Immediaic cause of death DURATION
8. AGE: Ye	ars Months	Days if less than one day	General Arteriosclerosis Known to us
83	11_	6hrs.	since 9-29-26
9. Birthplace	Maryland	, county, and stote)	Due fo
	\		
1B. Usual occupationLaborer			Oue fo
11. industry or busin		narps	Diter conditions Senile Psychosis Known to us
		darps	since 9-29-26
			(Include pregnancy within 3 months of death)
H		Harris	Major fiediogs of operations.
15. Birthpiace	Maryland	. 172	Date of op
16. Intermani Hos	spital Reco	rds, Crownsville Sta	Actomy results
Address Hospital, Crownsville, Maryland			22. VIOLENCE: If death was due to external causes, fill in the following;
17. buried Bate Ihereof May 16, 1947 (month) (day) (year)			7 Accident, suicide, or homicide
Cemetery or crematory Brewer Hill Cemetery			
Location Annapolis, Maryland			Injured at home, farm, Industry, public place (where?)
18. Funeral director. J. B. Johnson			Meens of Injury injured at work?
han few ald a linear day			( ) Carol Danson ( M V)
		/	23. SIGNATURE M. D. of other
19. Way	14 19 19	4/27/04/00	Registrar Address Crownsville, Karvland Bate signMay 14, 194

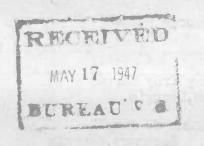


2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

	Rog. Dist. No. 1884
1. PLACE OF DEATH:  County ANNE ARUNDEL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Baltimore  City or town City outside city or town limits, write RURAL and give nearest town)  Street No. 32 Decatur Road  (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war
JEROME PIERCE SHORES	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Infant.	MEDICAL CERTIFICATION  20. DATE OF DEATH
8. (b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  3. hrs. 24 min.  9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2.2. 9. 13. May 19.7. to 0.15.4. 14. May 17.  and that I tast saw h. 1. M. alive on 0.15.4. 14. May 17.  Immedia: cause of death DURATION  As plantification of death Promodulus of DURATION  Due to 0.  Other conditions 1.  (Include pregnancy within 3 months of death)  Major findings of operations
16 Informant Sydney Troy Shores Address 32 Decatur Road, Baltimore 20, Md.	Actopsy results
17 Burial Date thereof 15 May 1947 (Burial, cremation, or removal, Which?)  Cemetery or crematory Post Cemetery	22. VIOLENCE: If death was due fo exfernal causes, fill in the following;  Accident, suicide, or homicide
Location Fort George G. Meade, Maryland  18. Funeral director HOWARD N. BLIGHT, JR.  Address 4914 Belair Road, Baltimore 6, Md.  19. 15 May 19. 47 CRAYCRAFT, 1st Begistrar (Date ree'd by registrar) RALPH E. CRAYCRAFT, 1st Lt. PC	Injured at home, farm, indusfry, public place (where?)  Maans of injury  1 Injured at work?  23. SIGNATURE  M. D. or other  Address  Address  Address  Address

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No. 27

City or town	NNE ARUNDEI  P.G.G.MEADR  outside city or town I  ce of death? 3 h  or street address where  Dispensary	mits, write RURAL and give nearest town) OUTS 4 MIN  death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  Couoty  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No. 32 Decatur Road  (If rurs), give LOCATION)	
How long in hospital	or institution?3hc	urs 4 min.	2.(a) If veteran, name war	
3. (a) FULL NAME JUDITH ALLEN SHORES			3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
FEMALE	WHITE	INFANT	20. DATE OF DEATH MAY 11 19 17 21 01 31	
6.(6) Name of husband or wife			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
1D. Usual occupation  11. Industry or busine  12. NameSYD1  13. Birthplace	.G.G.MEADE, (Town)	WELL	Due to.  Dither conditions.  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.	
Control of the Contro		SHORES	Autonay Pessits	
		i.Baltimore 20. Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17 Burial (Burial, crematic	on, or removal. Which?	24.34 20.40	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Location Fort George G. Meade, Maryland  18. Funeral director HOWARD N. BLIGHT, JR.			Means of injury Injured at work?	
Address 4914 Belair Road, Baltimore 6, Md.  19. 15 May (Date rec'd by registrar) RALPH E. RAYCRAFT, 1st Registrar Lt. PC				

MAY 17 1947 BUREAUS & 2411 N. Charles St., Baltimore

03650

# CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County Anne Arundel	Caush	
City or town Cronsolad light a want light you light RORAL and give nearest town)	State Maryland County	
	City or town	
How long In above place of death?		
Crownsville State Hospital, Crownsville, Md.	Street No1727 DIVITE THE LOCATION)	
How long in hospital or institution?	2.(a) If veferan, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
0. 1.	X //	
4. Sex 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Negro Separated	20. DATE DF DEATH	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended discessed from	
	December 2, 1946 19 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19	
T. Birfh dafe of	and fhat I last saw harmanive on may 19	
deceased (mo., day, yr.)  R ACE. Years 1 Months 1890ays   If less than one day	Immediate cause of death Pulmonary embolism with	
o. Aut.	henorrhagic infarct 2 days	
48 48 13hrs	in.	
0 Pirthologo	Due to Syphilitic sortitis Known to us s	
9. Birthplace	Syphilitic gortitis Mown to us s	
10. Usual occupationJanitar	Due fo	
11. Industry or business		
<b>K</b>	Other conditions.	
12. Name	Faranoid condition known to us	
1010 10 10 10 10 10 10 10 10 10 10 10 10	(Include pregnancy within Salance de december 2, 1946	
14. Maiden name Amanda Means 15. Birthplace	Major findings of operations.	
El 15. Birthplace	Date of op.	
ži 15. Birthplace - South Carolina	Autopsy results.	
16. Informant Hospital Records	PHYSICIAN: Ptease underline the cause to which death should he charged statistically.	
Address Crownsville State Hospital, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Gurial, cremation, or removal, Which?)	Accident, suicide, or homicide	
	Where did lainty occur?	
Cemetery or crematory	Where did Injury occur?	
Location Annapolis, and.	Injured at home, farm, Industry, public place (where?)	
	Msans of Injury Injured at work?	
18. Funeral director Mass Grand Mi Junio An		
Address Aun aboling trees.	23. SIGNATURE acob Manyeretten (h. )	
May 21 4h & Z Jose, a horace	M. D. or other	
19. (Date rec'd by registrar) Registr	rar Address Date signed	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The d is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03651

# CERTIFICATE OF DEATH

Reg. Diat. No. 21

1. PLACE OF DEATH: County Anne Arundel					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cily or town. Green Haven (If outside city or town limits, write RURAL and give nearest town)					State Maryland Coun	y Anne Aru	ndel
(If outside city or town limits, write RURAL and give nearest town)  Months  Months			URAL and give nearest town)	City or town. Green Haven (If outside city or town limits,	to DITE AV		
How long in above place of death?			1:	Street No. Catherine & 10			
					Street No. (If rural, give)	LOCATION)	
How long in hospital or institution?					2.(u) If veteran, name war. W. W. 2	Merchant Ma	rine
3. (a) FULL	NAME					3. (b) Social Security	
		Willia	m Val	entine K. Smit	h	422-05-81	67
4. Sex	1	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male		White	Si	ngle	20. DATE OF DEATH May 23.	194.7	at 9 30 A M
B (b) Name of h	uboud or	wife	None		21. I CERTIFY that death occurred on the date above		
B.(O) Name of me		<b>₩</b>  }♥		A 14 - 11 1	May 2I 19.4	4.7, to	19
T. Birth date of				c) If alive, give ageyears	and that I last saw h.i.malive on	7 2I	19.4.7
	, day, yr.) Years	August	25 Days	1905	Immediate cause of death		
8. AGE:					Pulmonary tuberculo		
	41	8		hrsmln.	(patient was morib		
9. Birthplace Baltimore, Md. (Town, county, and state)					Oue to first seen)	= *************************************	•
1D. Usual occupation Merchant Seaman				man			*******************************
		Merchan			Due to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••••••••••••••••••••••••••••••••••••
-41				T116			***
F		Balti			Dther conditions		• • • • • • • • • • • • • • • • • • • •
				4	(Include pregnancy within 8 m	nonths of death)	
14. Maiden 15. Birthpla	name	Anna Ma	ry Ka	sper	Major findings of operations		,
2 15. Birthpla	ce	Balti	more,	Md.			
16. Informant	Joh	an J. Sn	ith		Autopsy results		
Address Green Haven, Pasadena, P.O.Md.					PHYSICIAN: Please nuderline the cause to whi	ich death should be charged	statistically.
					22. VIOLENCE: If death was due to external caus		
(Burlal, cremation, or removal, Which?)  Date thereof (month) (day) (year)				(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Holy Rosary					Where did injury occur?(City or town)	(County)	(State)
Location Baltimore, Md.				Md	Injured at home, farm, Industry, public place (wh	ere?)	
				ugleton	Maans of Injury	Injured at work?	
	A			/ . /		(1) 2 -	2 1
Address	1	Men D	um	is ma.	23. SIGNATURE	Brock	14.5
19.	- tree	23,47	7 0	Ca- Ore	4 0 0	era De S. D.	or other S - 23
19				Registrar	Address	Date signed.	



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03652

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  county				2	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
				11	State Maryland County Anne Arundel	
(If outside city or town limits, write RURAL and give nearest town)			JRAL and give nearest town)			
					City or town (If outside city or town limits, write RURAL and give nearest town)	****
	street address where			s	Street No. Old Sandy Point Road	
Sand	y Point Ro	ad	***************************************		(If rural, give LOCATION)	
How long in hospital or	r Institution?		***************************************	2	2.(a) If veteran, name war.	****
3. (a) FULL NAME				abla	3. (b) Social Security Number	
1.0	5. Color or race	179171	2 1.0	7 21X	xder, hine	
4. Sex	5. Color of race	vo.(a) Single,	married, widowed, or divorced		MEDICAL CERTIFICATION	,
female	white	W	idowed	2	20. DATE DF DEATH 1347 20 th 1947 21 1	Н
n (1) H	Jose	ph K. S	nyder	11 -	21. J CERTIFY that death occurred on the date above stated; that 1 attended deceased from	
6.(0) Name of nusband	or wire	M.A	**************************************		May 17, 1947 10 10 50 30, 183	17
7 Right date of			If allve, give age	. Vears	and that I last saw h	17
deceased (mo., day, )	n) August	22, 185	9		Immediate equise of death DURATIO	M
8. AGE: Years	Months	Days	It less than one day		Immediate sense of death UNAMANAGE LEVE	2
8'	7 8	28	hrs	. min.		1
,			3		Huhe Versia Parlin-	
8. Sirthplace	Town.	county, and st	nd	D	Due to	
10. Usual occupation Housewife					Verlighten Wolleson of	<b>M</b>
10. USUAI OCCUPATION			***********************************	Di	Due to Marie Wyvandskia 10 /2	M
11. Industry or busines						
12. Name	Robert H.	Shipley	••••		Other conditions	
13. Birthplace	Baltimore	e. Marv	land			
A	Louise W	ammil	***************************************		(Include pregnancy within 3 months of death)	
E 14. Malden name.	uuursav.	ar.mr.r.y.a.	••••••••••••••	М	Major findings of operations	
₹ 15. Birthplace	New York	City,	N. Y.			*******
16. Informant	Rev. J. E	dward S	nyder		Antopsy results	*******
14. Malden name Louisa Vermilya 15. Birthplace New York City, N. Y.  16. Informant Rev. J. Edward Snyder  Address P. O. Box 1. Annapolis. Maryland			te Menuland		PHYSICIAN: Please underline the cause to which death should be charged statistically.	
				2:	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Burial Date thereof (month) (day) (year)			t 5/22/47		Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?) (month) (day) (year)  Cametery or crematory Green Mount				11		
					Where did injury occur?	
Location	Baltimore,	Maryla	nd	In	Injured at home, farm, Industry, public place (where?)	******
18. Funeral director	18. Funeral director			M	Means of Injury Injured at work?	
	1217 St. Pa				Jame 19 Marte Mark	1
			and disco	2	23, SIGNATURE.  M. D. or other	
19. 5/21 1947 awyleduch			Ragis	strar	Address / knapolis, know note spread 5/20	/41

Reid V.S. 5/21/47 correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Anne Arundel				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town			nd	State Maryland County			
			9 days	City or town Baltimore (If outside city or town limits, write RU	RAL and give neare	st town)	
Hospital, Institution,	or street address where	death occurre	d:	Street No. 578 W. Biddle Street			
rownsville	e State Hos	spital,	Crownsville, Md.	(If rural, give LOCATIO	4)	./	
How long In hospital	or Institution?			2.(a) If veteran, name war			
3. (a) FULL NA!	ME			3. (b)	Social Security No	umber	
Sadie	Maxine Ste	vens				01	
4. Sex	5. Color or race	6.(a)Sing	e. married, widowed, or divorced	MEDICAL CERTIFI	CATION		
Female	Negro		Widowed	20. DATE OF DEATH May 7,1947	10 47		
	Unlene	2002		21. I CERTIFY that death occurred on the date above stated;			
6.(b) Name of husbar	nd or wifeUnkno	) AATT		July 8, 1946			
			c) If alive, give ageyears	and that I last saw her alive on May 7		10 47	
deceased (mo., day	y, yr.)	1876		Immediate cause of death Coronary Occlu	sion [	DURATION	
8. AGE: Yes	ars Months	Days	If less than one day	Immediate Cause of deathw.w.w.w.m.m.m.g	]	hour	
71	?	?	hrs min.	***************************************		************************	
9. Birthplace				Due to Arteriosclerosis	Knowr	to us	
				300 10		7-8-46	
1D. Usual occupation	Seamst	ress		Due to		*************	
11. Industry or busin	ess	3 m			Know	t.o	
W 12 Name	Westley	Limgha	m.	Diher condilions Pulmonary Tuberculo	sis since	3-10-4	
E   12. Name   Westley Limgham		Senile Psychosis, Paranoid T	ype Known	to us			
THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY NAMED IN COLUMN TWO IS NAMED I	e Frank A	ana Nor	ton	(Include pregnancy within 3 months of d	eath) since	7-8-46	
14. Maiden nam 15. Birthplace	Marylan		.X.V.I	Majur findings of operations			
				Date of op			
16. Informant Ho	spital Reco	ords,Cr	ownsville State	Autupsy results			
Address Ho	spital, Cro	wnsvill	e, Maryland			atisticany.	
				22. VIOLENCE: If death was due to external causes, fill in i			
17. Buried (Burial, cremation, or removal, Which?)  Date thereof May 11, 1947 (month) (day) (year)  Cemetery or crematory John Westley Abington			(month) (day) (year)	Accident, suicide, or homicide			
			bington	Where did injury occur?(City or town)	(County)	(State)	
Inestina Har	ford Count	v. Mary	rland	Injured at home, farm, Industry, public place (where?)	***************************************		
			lemsley	Means of Injury	njured at work?		
				0 6/4			
Address 578	W. Biddle	Street	Baltimore	23. SIGNATURE CLASS MORE CUSTEM	M. 1		
10 Meur 8	19.24	7 2	.t. Joyle Local	formal and	M. D. or 5.	other -7-47	
Date media by		******	Registror	Iddisco Lownsville, Faryrand	Date signed		

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

23

The state of the s	
1. PLACE OF DEATH: County and a second of the second of th	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
1 Glan Busine -	State maryland County Q. a.
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RUBAL and give pearest town)
How long in above place of death?	0110
	Street No. (If rurs), give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mrs. annie Gertrude stench	earch.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
T- W. Widael.	20. DATE DF DEATH MOY 8 19+5 , 21 3, -4. 1
6.(b) Name of husband or wise and B Stenchcomb.	2) 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
0/2/4/10 10 1/20 1	January 197 1 to may 1 19t
7. Birth date of deceased (mo., day, yr.) fully / 3 - W86/	and that I last saw h. L. alive on 3/7/4 19.
8. AGE: Years Months O Days If less than one day	Immediate cause of death
85 + 25nrsmin.	and usualston system / much.
9. Birthplace Bulbernase, ind	Due to Berne alleria
(Town, county, and state)	3 mails
1D. Usual occupation	Due to Seculety
11. Industry or business	
12. Name 12.	Dither conditions
14. Maiden name Unck.	(Include pregnancy within 3 months of death)
14. Malden name Unk.	Major findings of operations.
S. V. J. I Mend and	Date of op.
16. Information 1	Antopsy results
Address Baltimore May 11-194 4	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or persoval, Wideh?) Date thecot (mobile) (day) (year)	Accident, suicide, or homicide
Cemetery or cremajory Cellar Dlugg	Where did injury occur?
Location ( ) dimapoles mid	Injured at home, farm, Industry, public place (where?)
Treff ( 19 m (1) al to m)	Meens of Injury Injured at work?
18. Funeral diffection	6 - 72 0 X 11
Audress 1 1 2 1 1 1	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)  (Registrar)	Addresslew Busine, met Date signed 578/ 45

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH



1. PLACE OF DEATH: County Anne Arundel				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	PF DECEASED:	
City or town			days	City or town Cat onsville (If outside city or town limit	usty Baltimore Co.  Is, write RURAL and give nearest town)  Road	
Crownsvill	Le State Ho	spital	,Crownsville, Md.		e LOCATION)	
3. (a) FULL NAM		200			3. (b) Social Security Number	
4. Sex Male				ertification 19.473:30A		
6.(6) Name of husband or wife Unknown (deceased)  5.(c) It alive, give age				21. I CERTIFY that death occurred on the date above stated; that I altended deceased from April 4 19 47 to May 6 19 47		
7. Birth date of deceased (mo., day.			cy it alive, give age		6 19 47	
8. AGE: Year		Days	it less than one day	Immediate cause of death Generalized Arterios	sclerosis Known to us since 4-4-47	
9. Birthplace Wash.D.C. (Town, county, and state)  10. Usual occupation Gardener  11. Industry or business				Due to		
E 12. Name Allen Thomas  13. Birthplace ?				Dther conditions		
Lidye ?  14. Maiden name  Property of the prop				(Include pregnancy within 3		
16. Informant Hospital Records, Crownsville State Address Hospital, Crownsville, Maryland				Autopsy results	which death should be charged statistically.	
17Burie (Burial, cremation	or Mt. Aubu	Date ther	(month) (day) (year)	22. VtOLENCE: if death was due to external ca Accident, suicide, or homicide	Date of	
				Injured at home, tarm, industry, public place (		
18. Funeral director Katie R. Williams				Means of Injury	Injured al work?	
Address 322 North Schroeder St. Baltimore, Md.				as SIGNATURE Jacob Mon	gentem h.	
19. (Date regal by r	-9 (F)	A	MAL L	Address Crownsville, Mar	M. D (or other yland Date signed 5-6-47	

9-45-15M

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No.

# CERTIFICATE OF DEATH

PLACE OF DEATH:  ounty. Anne Arundel  ity or fown Fort George G. Meade, Maryland  (If outside city or town limits, write RURAL and give nearest town)  ow long in above place of death? Since 1943  ospital, institution, or streel address where death occurred:  Civilian Dormitory  ow long in hospital or institution? Dead on arrival—Sta Hosp  (a) FULL NAME  JAMES OTHA THOMPSON  Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether)  State Maryland county Montgomery  City or town Dickerson (If outside city or town limits, write RURAL and give nearest town)  Street No  (If rural, give LOCATION)  2.(a) It veteran, name war  3. (b) Social Security Number 220-01-0687  MEDICAL CERTIFICATION		
MALE NEGRO SINGLE	20, DATE OF DEATH. MAY 8 19.47 at 2:00 A. B		
(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
deceased (mo., day, yr.)   SEPTEMBER 24, 1886     3. AGE:   Years   Months   Days   If less than one day	Immediate cause of death Cerebral Hemorrhage DURATION 2 hrs.		
Birthplace Dickerson, Montgomery County, Maryland (Town. county, and atate)  D. Usual occupation Laborer  1. Industry or business War Department Employee  12. Name Otha Thompson  13. Birthplace Maryland	Due to		
14. Malden name Mary Beckhard 15. Birthplace Maryland	Major findings of operations None		
Address Fort George G. Meade, Maryland  Removal 8 Maryland	Autopsy results. None performed  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VfOLENCE: If death was due to external causes, fill in the following:		
Removal (Burlal, cremation, or removal. Which?)  Cemetery or crematory  Martinsburg  Location  Martinsburg  Maryland	Accident, sulcide, or homicide		
18. Funeral director. Snowden and Davis Funeral Home  Address Poolesville, Maryland  19. 8 May 19. 47 Palph   Graycoft  (Date rec'd by registrar) PATRY F CRAYCOAFT 24 I Registrar	23. SIGNATURE Andrew Address Sleet Barranic Date signed 2/4/2		



# CERTIFICATE OF DEATH

Reg. Diat. No ....

1. PLACE OF DEATH: Asundel.	2. USUAL RESIDENCE (HOME) OF DECEASED: (Economborn infants give residence of mother)
City or town morely Park, P.O. Island Buenic	State JANJANA County HAME STYUNDE!
(If outside city or town limits, write RURAL and give nearest town)	Mayle, Royk Claushuswie Po
How long in above place of death? 15 / eves.	(If ontside Ry or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1 de 11 NOVERS (13 13 18 18 0
	(If fural, give LOCATION)
How long in hospital of institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
lamuel Houseson In	eggs.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
In. W. morried	may 20 42 10-
Jassyam Brothneer	20. DATE OF DEATH
6.(0) Name of Hoodern of Wile.	19to
7. Birth date of	and that I jast saw halive on19
deceased (mo., day, yr.) / www 14-1893	
8. AGE: Years   Months Days   If less than one day	Coronary Ocelicason Suffere
53 11 6hrsmin.	
9. Birtholace mustimature, It. Virginia	Due to.
(Town, county, and state)	
10. Usual occupation South Western . Keepey	Due to
11. Industry or business Bue wover.	DUE 10
12. Name harles Try 3. Birtholace West Visques.	Other conditions
\$ 13. Birtholace West Virginia,	
14. Malden name Emma V. Heighes	(Include pregnancy within 3 months of death)
14. Malden name emma V. Heighes  15. Birthplace Hest Virginia,	Major findings of operations.
15. Birthplace	Date of op.
16. Informant	Autopsy results.
Address masley Park, P. O. Islew Busines,	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17. BUYIAI A Date thereof May 23 Dust.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bnrial, cremation, or removal Which?) (month) (day) (year) 7	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Herry Bern & my	Injured at homer farm, industry, public place (where?)
18. Funeral director Thomas W. Aus Ston	Maans of Injury Injured at work?
Address, Hen Burnie mil.	Sugter House Ans
5/21 mage 200	23. SIGNATUSE
19, 1947	slew Buence no 5/20/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 27 1947 BUBEAU V S. legibl

write Supply

UNFADING INK. Suppart. Physicians: please

WITH UNF.

especially

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(Date rec'd by registrar)

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH Reg. Diat. No ..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For abytogn infants give residence of mother) County Q.a. State (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or Institution? 3. (a) FULL NAME 3. (b) Social Security Number 20. DATE OF DEATH .. .6.(c) If alive, give age ... deceased (mo., day, yr.) OURATION Mone 10. Usual occupation. 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) 15. Birthplace 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... (month) (day) (fear) (Burial, cremation, or removal, Which?) Where did injury occur? ...... (City or town) (County) Injured at home, farm, industry, public ptace (where?) ..... Location Injured at work? Means of Injury 1B. Funeral director.

Registrar

'i'v correct age

# 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

TOTAL	TOTAL STREET	CATE	OF	DEATH	
. P. K		LAIP.	()F	IJP.A I H	

Reg. Diat. No....

County X Same Anne Arundel  City or town X Crownsville, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Since Jan. 30, 1915  Hospital, institution, or street address where death occurred:  since January 30, 1915, Crownsville State  How long in hospital or institution 32 years, 3 months, Hospital		
3. (a) FULL NAME	3. (b) Social Security Number	
Turpin - Maggie		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female Negro married	20. DATE OF DEATH May 19 19 47 at 5 Am	
6.(b) Name of husband or XXX William S. Turpin  6.(c) If alive, give age Years  7. Birth date of deceased (mo., day, yr.) unknown 1870	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from January 30, 19. 15 to May 19 19.47  and that I last saw h. er alive on May 19 19.47  Immediate cause of death Myndegeneratio cordis DURATION	
8. AGE: Years   Months   Days   If less than one day	Known to us since	
about 77 ? ?hrsmin.	January 30, 1915	
9. Birthplace unknown (Town, county, and state)  10. Usual occupation. Domestic	Due to	
- I was a second of the second	Ditter conditions Manic depressive psychosis	
12. Name unknown 13. Birthplace unknown	manic type Known to us since (Include pregnancy within 3 months of dear anuary 30,1915	
14. Maiden name unknown 15. Birthplace unknown	(Include pregnancy within 3 months of dear anuary 30,1915	
2 15. Birthplace unknown	Date of op.	
16. Informant Hospital records Address Crownsville State Hospital, Maryland	Antopsy results	
17. Quital Date thereof Alay 25 - 47 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide	
Location Deal John Stand  18. Funeral director January H. Stand	(City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)	
Address Julialury Ford	23. SIGNATURE acal Mure custon M. D. or other	
19. May 20 1947 Effoyic Cocal (Date rec'd by registrar)	Address Crownsville, Maryland Date signed 5-19-47	



VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

195d

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2 HIGHAL DECIDENCE (LICAME) OF DECEASED.	
County a 4	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	state Maryland   County Anne Arundel	
(If outside city or town limits, write RDRAL and give nearest town)	City or town [If outside city or town limits, write RURAL and give nearest town]	
How long in above place of death?		
Old Commencer Re.	Street No. 207 N. Annapolis Rlvd.	
How long in hospital or institution?	(1) rural, give LOCATION)	
3. (a) FULL NAME		
3. (a) FULL NAME	3. (b) Social Security Number	
Naved one Waldon	none	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
wale where sunger.	20. DATE OF DEATH 200 1947, at 7 PM	
6.(b) Name of husband or wife	21. I GERTIFY that death occurred on the date above stated; that I attended deceased from	
	Ma 13 194/ 10 May 3 194/	
7. Birth date of	and that I last saw h alive on man 3 19.47	
deceased (mo., day, yr.) March. 13-1947	Immediate cause of death DURATION	
8. AGE: Years   Months   Days   If less than one day	Jufluena - 2 work	
0 20hrsmin.	(* 8	
9. Birthplace Bolt (Town, county, and state)	Due to Harf been sick for	
(Town, county, and state)	2 weeks & dief while	
1D. Usual occupation.	alone in Oril after	
11. Industry or business	esting appeartly	
# 12 Name Carl Wallanan	Other conditions Capacital Source	
12. Name Carl Wallana.  13. Birthplace Ballinae - mr.	La: 01.	
	(Include pregnancy within 3 months of death)	
	Major findings of operations	
E 15. Birthplace Selson	Date of op.	
16. Informant Carl Waldman	Autopsy results	
Address Ferndale, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial Burial Date thereof May 5, 1947.  (Burial, cremation, or removal. Which?)	Accident, sulcide, or homicide	
Cemetery or crematory	Where did injury occur?	
O Clan Punnia 114	Injured at home, farm, industry, public place (where?)	
Location Sufficient Su	Means of injury Injured at work?	
18. Funeral director florado de Dungatos	^ <	
Address Hew Durnie Md.	Oline P Rase ( m).	
maria marganas	23. SIGNATURE M. D. or other	
(Date rec's by registrar)  (Date rec's by registrar)  (Date rec's by registrar)	Address fine Bate signed 5-3-47	



2411 N. Charles St., Baltimore

03662

# CERTIFICATE OF DEATH

Reg. Dist. No. 2/

1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)		
City or fown Annapolis, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Anne Arundel City or town Cambrills (Post office) (If outside city or town limits, write RURAL and give nearest		
How long in above place of death? 4 days Hospital, Institution, or street address where death occurred: Emergency Hospital	Sireef No. (If routside city or town limits, write RURAL and give hearest (above)  (If rural, give LOCATION)	townj	
How long In hospital or Institution?	2.(a) It veleran, name war	***************************************	
3.(a) FULL NAME Emil M. WEBER	3. (b) Social Security Num	aber	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W Married	2D. DATE DF DEATH May 31, 194719	11:45p	
6.(b) Namo of husband or wife Edith Weber  6.(c) It alive, give age 4.7 years  7. Birth date of deceased (mo., day, yr.)  December 21, 1892	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	from 19.4.2	
8. AGE: Years   Months   Days   It less than one day   54   5   10  hrsmin.	Immediate cause of death.		
9. Birthplace Belleville, Ill (Town, county, and state)  1D. Usual occupation 11. Industry or business	Due to Due to	20 yr.	
12. Name William Weber 13. Birthplace Germany	Diher conditions there to river in jawn?		
14. Malden name. Louise Keveloch  15. Birthplace France	Major fiudiags of operations		
	Date of op.		
16. Intermant Mrs Edith Weber	Autopsy results	stically.	
Address Gambrills, Maryland  17 Burial Date thereof June 4, 1947	22. VIOLENCE: It death was due to external causes, fill in the tollowing:		
17 Burial (Burial, eremation, or removal Which?)  Cemefery or crematory  All • Hallows	Accident, euicide, or homicide		
	Injured at home, tarm, Industry, public place (where?)		
Location Davidsonville, Maryland	Meens of Injury Injured af work?		
18. Funeral director. Ben L. Hopping & Son  Address 170-172 West Annapolis, Md.	S R- 1 22 10		
19. (Date rec'd by registrar)	23. SIGHATURE S-Obornuch M.D. or ot  Address Annagulio mu Date signed		
(Date rec'd by registrar)	Address Date signed D Date signed D	h	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The best is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLACE OF DEATH.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03663

# CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Diat. No.

County Anne Arundel			(For newborn infants give residence of mother)	
City or town Crownsville State Hospital (If outside city or town limits, write RURAL and give nearest town)			State Maryland County	
City or town. W.A. OWI	outside city or town li	mits, write RURAL and give nearest town)	Doltimore	
How long in above place of death? 3 months & days			(II butble city of town mines, while a contract	
Hospital, Institution, or	street address where	death occurred:	Street No. 619 N. Bradford Street	
Crownsville	State Hos	spital, Crownsville, Md.	(If rural, give LOCATION)	
How long in hospital or	r Institution? 3 mc	onths & days	2.(a) If veteran, name war	V
3. (a) FULL NAMI			3. (b) Social	Security Number
Willis -	- Herbert			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATI	ION
Male	Negro	Married	20. DATE DF DEATH MAY 10,1947	
a (1) Name of bushed	Unkno	own	21. I CERTIFY that death occurred on the date above stated; that I att	
6.(0) Name of nusbanu	Ur wite		February 2 19. 47 to May	10 19 47
7. Birth date of			and that I last saw h im alive on May 10	19.47
deceased (mo., day. y	yr.) Unknot	WIN (1901)	Immediais cause of death	DURATION
8. AGE: 43 Years	Months	Days   If less than one day	Immediate cause of death General Paresis	Known to us
Approximate!	ly ?	?hrsmin.		
9. Birthplace Virg	ginia		Oue to	······
	(Iowii,	county, and state)		# of
10. Usual occupation	Laborer		Que to.	
11. Industry or busines	10			
置 12. Name			Other conditions	***************************************
13. Birthplace			(Include pregnancy within 3 months of death)	
14. Maiden name	Ida Ste	wart	Major findings of operations	
14. Maiden name.	Virginia			
			Date o	
16. Informant HOS	pital Reco	rds, Crownsville State	Antopsy results	ne charged statistically.
Address Host	pital. Cro	wnsville, Maryland		
Beere	12		22. VIOLENCE: If death was due to external causes, fill in the folio	
(Burial, cremation	n, or removal. Which?	Date thereof (mon(h) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremate	Last- (	alvery Cem.	Where did injury occur?	y) (State)
Demetery of Cleman	. ,	lyn mel	Injured at home, farm, industry, public place (where?)	
Location	00		Means of Injury Injured at	
18. Funeral director	Chous	o wilson	means of injury	- 0.
Address / D	20 B	ently dop	10 Ash Managuas	(m.)
Address /	12	0 1 1 1/2	23. SIGNATURE COST MUSCUSCO.	M. D. or other
19. may	2-19 4	7. a. W. Jednes	Crownsville, Maryland	ate signed 4-10-47
II (Date rec'd by te	egustrar)	Registrar	Address	010 01P11pa



# CROWNSVILLE STATE HOSPITAL CROWNSVILLE, MD.

DR. ROBERT P. WINTERODE, SUPT.

TELEPHONE, SOUTH SHORE 2751

May 10,1947

To Whom it May Concern:

The name on the accompanying Certificate of Death is according to Hospital Records. The name of deceased is believed to be Howard Willis, which is the name used on the second admission to this Hospital. The first time deceased was admitted to this Hospital however, it was under the name of Herbert Willis. In order to keep Hospital records straight, both names are recorded on Certificate of Death.

Jacob Morgenstern, M. D.
Clinical Director

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4	Y, WITH UNFADING INK. Supply every item of information carefully. The cally important. Physicians: please write the causes of death clearly and legibly.
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VS A15 9.45-15M	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and let
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The second secon	s St., Baltimore
FILM No. G 11 JUN 27 1947 CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County City for town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
	(Ifrural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3.(a) FULL NAME Katherine H. W.	(Leson) 3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Female W. Wildow;	MEDICAL CERTIFICATION  20. OATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated: that J attended deceased from
6.(b) Name of husband or wite	21. I CERIFY that death occurred on the date above states: I many alternate deceased not be and that I last saw h. A. alive on
deceased (mo., day, yr.)  8. AGE: Years Days It less than one day  78/7/7 4 4hrsmin.	Immediate cause of death  Possibly un duling flute 2 mms
9. Birthplace	Due to My Un Peters & Con Copy
11. Industry or posiness  12. Name Suff Hurlmann  13. Birthplace Surmany	Dther conditions
13. Birthlise Sungaret Sefton  14. Maiden name Mangaret Sefton  15. Birthliace Lesin any	(Include pregnancy within 3 months of death)  Major fiediogs of operations
16. Informan Mrs Margaret Makley  Address Armold G. G. G. Dudly	Actorsy resolts
17 Burial, cremation, or remodal, Which?)  Date thereof. 21 2 3 2 1847 (month) (day) (year)	22. VIOLENCE: If death was due fo external causes, till in the tollowing;  Accident, suicide, or homicide
Location Neur Baltonure Richellyhum	Injured at home, farm, indusfry, public place (where?)  Means of injury injured at work?
18. Funeral director	D23. SIGNATURE M. 7, Klawans, M. D. or other
19. (Dath recid by registrar)	Address 3/ Solf Galy W Date signed 5/30/1

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Francisco Colonia Colo

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

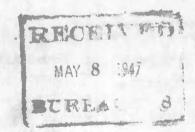
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# CERTIFICATE OF DEATH

er Dist No. 2/

1. PLACE OF DEATH:  County Anna Arundel Co.  City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh? Unknown  Hospital, Institution, or street address where death occurred:  58 Larkins St. Annapolis  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)  Slate
3.(a) FULL NAME Martha Wilson	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female Col Widow  6.(b) Name of husband or wife	MEDICAL CERTIFICATION  20. DATE DF DEATH May 19.4.7, at 12.30 A, at 2.30 A, a
7. Birth date of deceased (mc., day, yr.)  8. AGE: Years Months Days If less than one day  70(?)  9. Birthplace Anna polis Hd.  Town, county, and stote)	and that I last saw h. C. alive on Agrical 35 1547  Immediate cause of death DURATION  Cestimal Printers 2/2 22.  Due to
10. Usual occupation	Diter conditions.  (Include pregnancy within 3 months of death)
14. Maiden name	Major fiedings of operations
Address 58 Larkins St. Annapolis Md.  17. Burial Dale thereof May 7, 1947  (Burial, cremation, or removal, Which?)er (mooth) (day) (year)  Cemetery or crematory Brew Hill Cemteery	22. VfOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide
Location West St. Extd.  18. Funeral director Mrs. Charles E. Hicks  Address 45 Northwest St. Annapolis Md.  19. May b 19. 47	Injured at home, farm, Industry, public place (where?)  Maans of Injury  Injured at work?  23. SIGNATURE Maurine P. Klewans, M.D. or other  M. D. or other  Date signed, 5/3/47



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICA	Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (1961-newborn infants give residence of mother)  State County Frank Armsdel  City or town (1f outside city or 10 yrn lights, write RURAL and give nearest town)
How long in hospital or institution?	Street No
3. (a) FULL NAME Filmore Marching	For Windsor. Dr 3. (b) Social Security Number
4. Sex Scholar of race Scalingle, married, wildowed, or divorced Murte Married	MEDICAL CERTIFICATION 35- 20. DATE OF DEATH MAY 1, 1947 21 // A
6.(b) Name of husband or wife Mathe Windsow  6.(c) It alive, give age 52 year	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	and Wat I last saw h. 1.771 alive on
9, Birthplace rear Cambridge Dorchety Co, Md.	Due to Acute Cardiac Failure
1D. Usual occupation retries Carpenter	Due to Jeneral asteriordoros
11. Industry or businers) building (general)  12. Name Nulliam Waidage  13. Birthplace Norchester Co., Mary Rand	Dither conditions.
14. Maiden name Naucy & Wroten  15. Birthplace Dorchester Co., Maryland.	(Include pregnancy within 3 months of death)  Major findings of operations
15. Birthplace Dorchester Co., Maryland.	. Autopsy results.
Address 921 Jackson St. Eastport, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?)  Cemetery or crematory	Accident, suicide, or homicide
Location Consolidation of The American Consolidation of the Consolidatio	Injured et home, farm, Industry, public place (where?)
Address	23. SIGNATURE John M. Claffy M. D. or other
19. (Date ree'd) registrat)  Registra	When half Ald 5/1/47

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

e Dist No. 28

County Anne Arundel City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 yrs. 11 mos. 15 days				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			nd	State Maryland County Caroline		
			URAL and give nearest town)	Denton		
How long in above place	of death? 2 yr	s. 11 n	nos. 15 days	City or town (If outside city or town	limits, write RURAL and give nearest town)	
Hospital, Institution, or	street address where	death occurred	i: Cnown aville Md	Street No	<del></del>	
Crownsville	State Ho	spital	Crownsville, Md.	(If rural,	, give LOCATION)	
How long in hospital o	r institution?2	yrs. L	l mes. 15 days	2.(α) If veteran, name war		
3. (a) FULL NAM	E				3. (b) Social Security Number	
Elva W	isher					
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced		CERTIFICATION	
Female	Negro	Sin	gle	20, DATE OF DEATH May 11	19 47 at 6:20 A	
		-		21 I CERTIEV that death occurred on the da	te above stated: that I attended deceased from	
5.(b) Name of husband			<b></b>	May 26	19 44 10 May 11 19 47 19 11 19 47	
T. Birth date of			c) If alive, give ageyears	and that I last saw her alive on Ma	y 11 19 47	
deceased (mo., day,	yr.) Oct.25	,1925		India come of death Tubero	CULOSIS OF LUNGS DURATION	
8. AGE: Year	s   Months	Days	if less than one day		Known to us	
21	6	16			since 5-30-4	
9. Birthplace Mar	vland			Due to		
	(10W1		atate)			
1D. Usual occupation.	Waitress			Due to		
11. Industry or busines	ss	The state of				
		r.decea	sed	Other conditions Schizophren	ia - Catatonic type	
	Maryland				Known to us	
在 13. Birthpiace	Jennie W	Wright.	, deceased	(Include pregnancy with	Since 7-20-44	
		WITEHO	2 accompon	Major findings of operations		
15. Birthplace					Date ot op	
16 Informant Hos	pital Rec	ords, C	rownsville State	Autopsy results		
					to which death should be charged statistically.	
			e, Maryland	22. VIOLENCE: It death was due to exteri		
17 Burie	or removal Which	Date the	reof May 15, 1947 (month) (day) (year)	Accident, suicide, or homicide	Date of	
(Burial, Cremation	Denton			Where did injury occur?	own) (County) (State)	
11					ace (where?)	
Location Lent	on, Maryla	IId		Magns of Injury	injured at work?	
1B. Funeral director	J. Virgil	Moore	J. vigu Moore	Medic of Hijary	+ 0 =	
Address ]	Denton, Ma	ryland		Coal Plu	enogester (M.D.	
		VC	Illy Local	23. SIGNATURE	M. D. or other	
19. 1' ac	12 19 4		A Pagistra	Crownsville,	Maryland Date signed 5-11-4/	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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2 HOURT DECIDENCE (LICAME) OF DECEASED.

Reg. Diat. No.....

# CERTIFICATE OF DEATH

	(For newborn infants give residence of mother)		
	State Maristans County County		
	(If outside city or town limits, write RURAL and give nearest town)		
	Street No. // (If rural, give LOCATION)		
H	2.(a) If veteran, name war		
3. (b) Social Security Number			
	MEDICAL CERTIFICATION	. ^	
	20. DATE DF DEATH May 9 19.4.7.	at 5 2 A.M	
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8	19, to		
	and that I last saw hallve on		
=	Immediate cause of death	Sudden.	
	Baby slept in bed		
	Due to with masherand tables.	***************************************	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Due to	************************	
	Other conditions		
	(Include pregnancy within 3 months of death)		
	Major findings of operations		
,	Autopay results		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
7	22. VIOLENCE: If death was due to external causes, fill in the following:		
1	Accident, suicide, or homicide.	kigizutininghi	
7	Where did injury occur? Assess Harden and (Country)	(State)	
Injured at home, farm, Industry, public place (where?)			
	Means of Injury Injured at work?		
	Contract Daniela Des		
	23. SIGNATURE M. D. or other		
r	Address Indiana Belleville Bate signed	3 9	

1. PLACE OF DEATH:

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?...

3. (a) FULL NAME

4. Se1

5. Color or race

7. Birth date of deceased (mo., day, yr.)

8. AGE:

If less than one day

6.(c) if alive, give age

(Town, county, and state)

1D. Usual occupation. 11. Industry or business

Address

18. Funeral director

(Date rea'd by registrar)

